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ABSTRACT

The program is intended to increase skills in parents of young handicapped children. The coordinator's guide traces the background and development of the parent involvement materials, presents suggestions for workshop planning and actual implementation, and discusses training approaches for developing small group facilitation skills. The companion document presents modules based on 20 parenting skills in four areas (sample subtopics in parentheses): understanding the family (individual differences, family stress, siblings' feelings); encouraging the child's growth and development (physical growth, cognitive skills, language development); developing parenting skills (parenting style, listening, assertiveness); and coordinating the home/school/community (relationships with professionals, conferencing skills, service coordination). Each module includes information on objectives, introductory activities, suggestions for presentations by professionals and parents, small group activities, summaries for parents, and references. (CL)

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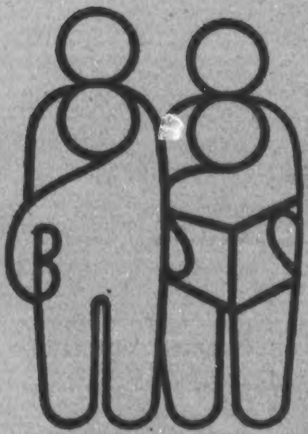
developing skills for the family of the young special child, 0-5



San Diego City Schools
San Diego, California

1982

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Dedicated to

EVELYN CARR

who opened the doors

for the development of this project

FOREWORD

Parent involvement in preschool programs for handicapped children is a current trend. Such an emphasis provides a two-fold benefit: (1) The home becomes the extension of professional intervention, and (2) Professional intervention becomes an extension of home training, resulting in a total education for the child. This guide, *Connections: Developing Skills for the Family of the Young Special Child, 0-5*, is intended to help both families and professionals better understand some significant aspects of raising a handicapped child within the family system. The birth of any child affects the family in many ways, and how the family responds to the child affects the child's well-being. The interaction of these responses is much more intense when the child is handicapped. Besides needing specific information about their child's handicap, parents need to develop support systems within and outside the family. These factors can influence parents' adjustment to their child's handicap.

Professionals know the critical roles that parents play in facilitating a child's cognitive, language, social, emotional, and physical development. Parent education, while important for the parent of a nonhandicapped child, is crucial for the parent of a handicapped child. It is the belief of the developers of this guide that the parent must be trained to become the case manager of his or her handicapped child, and professionals who work with young handicapped children must learn to shift the main responsibility of coordination of training and education to the parent.

When the family is able to accept and understand their special child, and when the parents can coordinate home, school, and community resources for the maximum development of their entire family, all of society will benefit.

Nancy N. Obley

Director, State Implementation Grant
for Early Education for the Handicapped
Office of Special Education
California State Department of Education

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INTRODUCTION

Connections: Developing Skills for the Family of the Young Special Child, 0-5, concentrates on 20 parenting skills that emphasize the cognitive, language, social/emotional, and physical development of the young special child within the family setting.

The 20 skills are divided into individual modules, which are grouped into four units, as shown below.

UNIT I: UNDERSTANDING THE FAMILY

Module 1: You and Your Child Are Unique: Accepting Individual Differences Within the Family

Module 2: Why Me? Coping With a Special Child

Module 3: We're In This Together: Understanding the Feelings and Attitudes of Siblings/Extended Family Toward the Special Child

Module 4: HELP! Reducing Family Stress

UNIT II: ENCOURAGING THE CHILD'S GROWTH AND DEVELOPMENT

Module 5: Watch Me Grow: Strengthening Physical Growth

Module 6: I'm Learning: Building Thinking/Cognitive Skills

Module 7: Why and What If: Helping Language Development

Module 8: It's Mine: Improving Social Skills

Module 9: I Can Do It Myself: Teaching Self-Help Skills

UNIT III: DEVELOPING PARENTING SKILLS

+ Module 10: Being a Parent Isn't Easy: Examining Parenting Style

+ Module 11: Is Anybody Listening? Learning How to Listen (Communication I)

+ Module 12: Tell It Like It Is: Learning How to Be Assertive (Communication II)

* Module 13: Accentuate the Positive: Understanding Behavior Management I (Theory)

* Module 14: Who's In Control? Applying the Skills of Behavior Management II (Techniques)

Module 15: Self-Esteem Is Everyone's Business: Building Self-Esteem

Module 16: Fun Is a Must: Promoting Family Fun

UNIT IV: COORDINATING THE HOME/SCHOOL/COMMUNITY

Module 17: They're Part of the Family, Too: Working With Professionals and Finding Resources in the Community

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+ Recommended to be taught in two continuous sessions.
* Recommended to be taught in three continuous sessions.

Module 18: What's an IEP? Understanding the Individualized Education Program (Referral to Placement)

Module 19: We Work As a Team: Building Successful Conferencing Skills

Module 20: Putting It All Together: Coordinating the Services (Home/School/Community)

Connections was funded with a pre-incentive grant (PL 94-142) in the fall of 1980. Professionals working with handicapped preschool children had indicated the need for the development of a sequential, self-contained parent education curriculum addressed to the three basic needs of parents of handicapped children. Those needs included: (1) Information concerning their child's handicap, (2) The ability to accept and be realistic about the handicapping condition, and (3) Support from other parents of handicapped children.

An advisory committee, composed of professionals and parents who worked and/or lived with young special children, determined the content of the 20 parenting skills. Each of the skills was field tested and evaluated in a 20-week parent education course during the 1981-1982 school year. Professionals and parents of handicapped and nonhandicapped children attended the sessions.

- Each module (skill) in this guide contains:

  -Objectives (suggested time schedules).
  -Overview of the module (skill).
  -Introductory activity.
  -Professional presentation (with suggested activities and handouts).
  -Parent presentation.
  -Small-group activity.
  -Parent summary sheet.
  -Bibliography (books and audiovisual materials).

- Each skill presented within a module is self-contained, making it possible for parent education to occur weekly, monthly, or occasionally. A *Connections* "Needs Assessment Survey" appears on page 4. Support staff, site staff, and parents can determine the need for parent education and staff development at each site by means of this needs assessment survey.

- The suggested time schedule for each module (skill) is two hours. This can be increased or decreased according to participants' needs.

- Each session includes a presentation by a professional and a parent, followed by a small-group discussion. In order to meet the three basic needs indicated by professionals, the presentation format has been designed as follows:

Professional:	Gives information concerning the skill.
Parent:	Speaks of the ability to accept and be realistic about the special child, regarding the skills.
Structured Small-group Discussion:	Develops a support system for parents of handicapped and nonhandicapped children.

Leadership in this program can be provided by counselors; psychologists; teachers; nurses; language, speech, and hearing specialists; parents of special children; and others involved in parent education of young children.

- Professionals are encouraged to attend the parent education classes in order to understand some significant aspects of raising a special child within the family system. The responsibility of educating a parent of a special child usually falls on the professional, who works with the child on a regular basis.
- A parent summary sheet is included with each module (skill). This can be duplicated and given to parents for continuous reference. A bibliography for further reading is also included in each summary sheet. All the recommended media in *Connections* has been reviewed by a team of parents of handicapped children.
- This curriculum is also designed for parents of children who attend integrated schools (handicapped and nonhandicapped). The parenting skills in the guide are helpful in raising all children. Parents of nonhandicapped children need to learn about handicapped children and the need for the least restrictive environment. The parent education class can "mainstream" parents.
- *Connections* has been printed on three-hole punched paper for use in a loose-leaf binder, making individual pages and sections more accessible, as well as allowing for future additions. It is hoped that persons using this guide will think of additional enrichment activities to include in this program.
- A separate coordinator's guide is available, *A Coordinator's Guide: The History of CONNECTIONS: DEVELOPING SKILLS FOR THE FAMILY OF THE YOUNG SPECIAL CHILD, 0-5*. Some topics included are rationale and research, publicity, recruitment, small-group facilitation skills, evaluation process, and a complete bibliography. Contact Jeanne Mendoza, Program Specialist, San Diego Unified School District, 4100 Normal Street, Room 3105, San Diego, CA 92103.

CONNECTIONS:

developing skills
for the family
of the young
special
child, 0-5

NEEDS ASSESSMENT SURVEY

Please indicate your degree of interest for each of the 20 parenting skills listed below by circling 1, 2, or 3.

	Low	Average	High
1. Accepting individual differences within my family.	1	2	3
2. Coping with a special child.	1	2	3
3. Understanding the feelings and attitudes of siblings/ extended family toward the special child.	1	2	3
4. Reducing family stress.	1	2	3
5. Strengthening my child's physical growth.	1	2	3
6. Building my child's thinking/cognitive skills.	1	2	3
7. Helping my child's language development.	1	2	3
8. Improving my child's social skills (getting along with others).	1	2	3
9. Teaching my child self-help skills (independence)	1	2	3
10. Examining my parenting style.	1	2	3
11. Learning how to listen to my child.	1	2	3
12. Learning how to get my child to listen to me.	1	2	3
13. Understanding the skills of behavior management.	1	2	3
14. Learning how to manage my child's behavior effectively.	1	2	3
15. Building my child's self-esteem.	1	2	3
16. Promoting family fun.	1	2	3
17. Working effectively with community resources and services.	1	2	3
18. Understanding the Individualized Education Program (IEP)--referral and placement.	1	2	3
19. Builing successful conferencing skills.	1	2	3
20. Coordinating my child's services (home/school/ community).	1	2	3

UNIT I

UNDERSTANDING THE FAMILY

You and Your Child Are Unique: Accepting Individual Differences Within the Family

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To assess the developmental tasks on which each family member is working.	11	10 minutes
Professional Presentation	To become aware of factors affecting each family's uniqueness. To be aware that each child is affected by individual rates of growth and development, innate personality characteristics, and environmental factors.	14	40 minutes
Parent Presentation	To discuss a handicapped child's individuality.	41	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To understand the role that parents can play in becoming guides in their child's development.	43	40 minutes

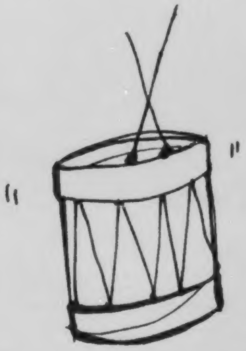
Overview

One of the few general statements that can be made about people is that no two are the same. Diversity is a fact to be celebrated--it is what makes society work. The unique development of each individual is considered to be a lifelong process. Erik Erikson (1950) has described developmental tasks, from birth through old age, that each person must accomplish.

In the family system, it is important that each person develop his or her individuality. If self-esteem is a family affair, family members must assist each other in fostering their own personal uniqueness. When a special child enters a family, she or he must be given every opportunity to develop as a contributing and valued person, while not overshadowing the lives of the other children or the parents. It is essential that family members not only work cooperatively to maintain and enhance the family as a unit but that they work to foster each person's separateness, too.

If a man does not keep pace
with his companions,
Perhap it is because
he hears a different drummer.
Let him step to
the music which he hears—
However measured
or far away.

HENRY DAVID THOREAU
WALDEN POND



Introductory Activity

The professional presenter should:

- Use overhead transparency "Developmental Tasks."
- Tell participants that the categories listed have been adapted from Erikson's framework of developmental tasks.
- Briefly go over each category. Note that the ages are only general indicators. They are intended to be approximate guides.

DEVELOPMENTAL TASKS	
0-2 Years TRUST	-Developing trust in parent relationships.
2-6 Years AUTONOMY	-Developing a sense of self.
6-12 Years INITIATIVE	-Venturing out into the world (school, church). -Becoming associated with organizations. -Establishing a sense of moral responsibility.
12-20 Years IDENTITY	-Establishing identity with peers away from family. -Establishing self as a worker.
20-30 Years INTIMACY	-Developing relationships and personal commitments.
30-65 Years STRENGTHENING EGO	-Developing creativity accomplishments and leadership.
65 + Years INTEGRITY	-Developing retirement roles; accepting life cycle.

- Ask participants to determine which task each person in their family is working on. Discuss with participants what they see each person doing that indicates he or she is working on that task.
- Conclude the activity with the thought that each person in the family is trying to achieve a developmental milestone. Much of a person's individual energy is spent working toward that goal. This individual goal will affect the total family interaction.

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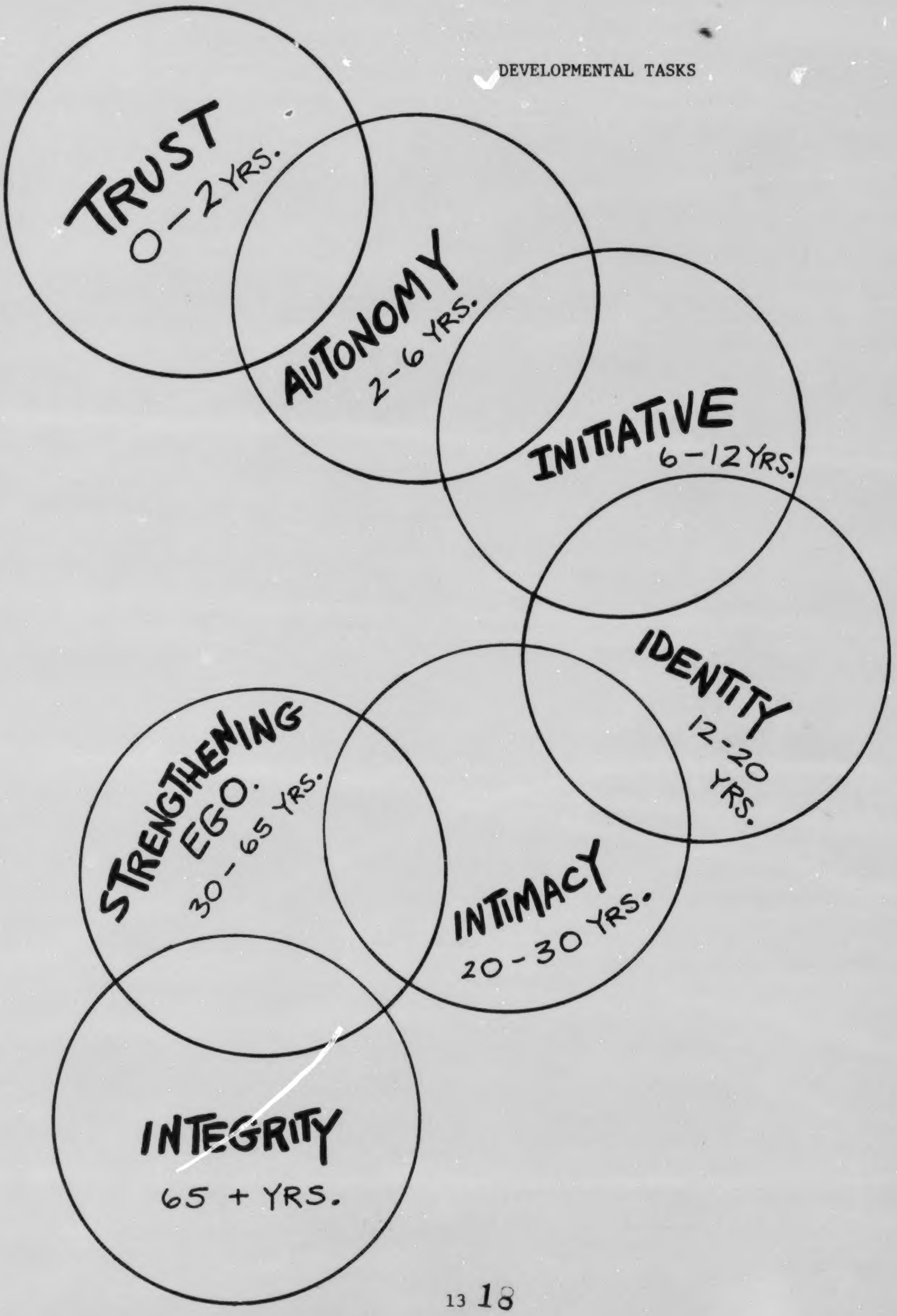
DEVELOPMENTAL TASKS


TRUST
0-2 YRS.
AUTONOMY
2-6 YRS.
INITIATIVE
6-12 YRS.
IDENTITY
12-20 YRS.
INTIMACY
20-30 YRS.
STRENGTHENING EGO.
30-65 YRS.
INTEGRITY
65 + YRS.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

A FAMILY'S UNIQUENESS

No other social unit undergoes change more rapidly than the family. Farber (1959) describes the family as passing through stages in its life cycle:

- The family that consists of a married couple only.
- The family that experiences the birth of a child.
- The family whose youngest child is of preschool age.
- The family with a pre-adolescent youngest child.
- The family with an adolescent youngest child.
- The family in which all children are adults.
- The family in which all children are married.

The "traditional" change cycle shown above reflects significant changes. Consider the added changes when roles or careers of parents change, divorces or separations occur, relatives move into the same house, or a handicapped child is born. The family unit must accomodate these changes as well as the changes associated with each person achieving individual developmental milestones (such as reaching adolescence, leaving home, or establishing his or her own family). The particular changes that occur in the family, as well as the ways in which the family accomodates these changes, contributes to its uniqueness.

Suggested Activity 1

The professional presenter should:

- Distribute the handout,"Family Cycles" (1-1).
- Ask participants to check those items that apply to their family. (Mark changes that have occurred in the past year.)
- Allow five minutes to complete the activity.
- At the end of the time period, ask participants to share how many changes have occurred.
- End the activity with the thought that changes will occur in a family and that change can be a healthy factor in the development and growth of a family.

A PARENT'S UNIQUENESS

Parents bring to their family their past experiences as well as their individual temperaments and personalities. One important factor that affects parenting style is a person's own experience with his or her parents. We tend to manage our families like our parents managed their families. In some instances, we vow to "do things differently." When we make parenting decisions, we consider our own experiences, and information we have accumulated through education and contact with other parents.

Before our children are even born, we probably have some expectations about what kind of parent we will be and what our family will be like. In some cases those expectations are not fulfilled and we must make adjustments in how we see our parenting role.

Suggested Activity 2

The professional presenter should:

- Use overhead transparency "A Parent's Uniqueness" (1-2).
- Tell participants that some factors affecting individual differences among parents are listed.
- Ask participants to briefly respond to each of the questions listed.
- Conduct a discussion of the items, contrasting how participants "parent" versus how they were "parented."
- Conclude the activity with the thought that each parent's individual style affects the unique development of the family.

— to be nobody-but-myself — in a world
which is doing its best, night and
day, to make you somebody else —
means to fight the hardest battle
which any human being can
fight and never stop fighting.

— e.e. cummings

A CHILD'S UNIQUENESS

Each person in a family possesses unique qualities and interacts with other members to create an individual and unreplicable family. In families with a special child, there are additional variables that require further understanding and skill. We will examine three factors affecting a child's uniqueness:

1. Individual rate of development.
2. Innate characteristics.
3. Environmental factors.

Individual Rate of Development

Each child's developmental rate is unique. A parent can assist in the developmental process by being aware of the progression of developmental tasks in order to assess the level at which the child is functioning. Once a parent accepts that each child has an individual rate of development, he or she can structure toys, play, expectations, and skills that will be appropriate for the child's level.

We will consider six areas of growth and development.

1. *Gross-motor:* Involve coordination of large muscles, as in crawling, rolling, and walking.
2. *Fine-motor/perception:* Involves the coordination of small muscles, as in stringing beads, small-block building, and cutting with scissors. It is sometimes called eye/hand coordination.
3. *Language/communication:* Involves listening, understanding, and speaking.
4. *Cognitive thinking:* Involves problem-solving, understanding the relationship(s) of oneself to (an) object(s). This area includes matching objects and object discrimination.
5. *Social/emotional:* Involves getting along with others and learning to handle feelings.
6. *Self-help:* Involves independent care, such as feeding, bathing, toileting, and dressing.

Suggested Activity 3

The professional presenter should:

- Distribute handout,"Some Facts" (1-3).
- Explain that handout includes general statements regarding stages of development. It is intended to be used as a guide.
- Ask participants to read through the material listed for children of various ages, and conduct a brief discussion on the characteristics of each age. Professional presenter can refer to the "Functional Assessment" (1-4) to expand on the characteristics for each age group.

Innate Characteristics

Child's Innate Personality*

A child's learning is based on his or her rate of progress through sequential development stages, and on inborn qualities and personality type. Each child approaches, responds to, and assimilates his or her environment in unique ways. There is a wide range of individual responses among children. It is impossible to typify the "ideal baby" or the "average three-year-old."

Innate Differences*

From birth, babies' styles differ. In watching a series of babies, it is obvious how different they are from each other. Each baby has a different style of managing energy. At the Harvard University Research Center, studies have been conducted of babies' early sucking responses in which an instrument was used to record and print a pattern of a child's sucking. The record of this study indicated that some babies were long, sturdy feeders with regular pauses, while others were more tentative and more distractible. Each child produced his or her own individual pattern.

Some characteristics seem to vary among very young babies:

1. Activity level.
2. Feeding behavior.
3. Sleep habits.
4. Social responsiveness.
5. Biochemical levels.
6. Threshold of sensory response.
7. Brain-wave patterns.

Innate Differences Maintained From Birth Through Childhood*

There are many differences noted among newborns. But which innate characteristics are maintained from birth through childhood? In an effort to identify these characteristics Stella Chess, Alexander Thomas, and Herbert Birch conducted a longitudinal research project in which they determined that the characteristics listed below remained relatively stable in a child from infancy to approximately 10 years of age. These styles of responding were measured by asking age-appropriate questions to parents, as well as by observing the children directly.

The following characteristics were identified:

1. *Activity level.* Refers to how much the child physically moves. For example, how much does the baby move to get something he or she wants, by walking or running?

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*Adapted from Chess, Stella, Alexander Thomas, and Herbert Birch. *Your Child Is a Person*, New York: Penguin Books, 1972.

2. *Regularity.* Refers to the degree of regularity of body functions. Is the child hungry or tired at regular times? Are the lengths of sleep periods consistent?

3. *Approach or withdrawal.* Refers to the child's characteristic response to a new situation. What is the child's initial reaction to a new situation? Does he or she readily and easily approach new experiences? Does the child react negatively or positively to new experiences?

4. *Adaptability to change in routines.* Refers to the ease or difficulty with which a child adapts to a change beyond his or her initial response. "Adaptable" children will readily adjust. In general, they change their behavior to fit the pattern that their parents wish to set. With other children, any change is difficult and requires many repetitions to shape a new pattern.

5. *Level of sensory threshold.* Refers to how sensitive a child is to external stimuli. How strong does stimulation have to be before the child notices? Babies with a high sensory threshold do not startle at loud noises; they are not discriminating about food; and they do not react to being wet or soiled.

6. *Quality of mood.* Refers to how a child generally responds. Positive responses may be cooing, gurgling, smiling, and giggling. Negative responses may be gentle fussing, crying, or sobbing. Some children may respond generally neutrally.

7. *Intensity of reaction.* Refers to the energy of a response. When the behavior is characterized by a high level of energy, it is considered intense. When the energy of a response is low, it is considered mild. This does not refer to whether the child is showing positive or negative mood. Intense children cry hard or laugh and yell when they are excited. Less intense children have milder responses.

8. *Distractibility.* Refers to the degree babies or children are able to concentrate. Distractible infants may stop crying readily when the type of stimulation changes; toddlers may be coaxed out of a forbidden activity by being led to something else; older children who may be easily distracted in a noisy classroom may be able to do homework in a quiet environment.

9. *Persistence and attention span.* Refers to a child's ability to continue an activity when difficulties are presented. The persistent child will work to grab a toy that is out of reach. The nonpersistent child will give up after a brief struggle. Children with a long attention span will gaze at a cradle gym or toy for long periods of time. A baby with a short attention span will focus only briefly, then requires new stimulation.

Suggested Activity 4

The professional presenter should:

- Pass out handout, "Characteristics of Children's Behavior" (1-5).
- Review each dimension using the professional text as a reference. Be sure participants understand the areas to be rated.
- Read the directions out loud.
- Allow five minutes for participants to complete.
- When everyone has finished, ask for volunteers to state their findings. (Did they find that their children have remained stable in most areas?)
- Ask participants to mark where they see themselves on each dimension. Discuss if they have the same characteristics as their child. (Ask participants to us a ✓ for themselves)
- End activity with the thought that no matter what the child's basic behavior characteristics, parents should accept the innate differences and the uniqueness of each child.

Environmental Factors

Environmental factors affecting a child's uniqueness include his or her interaction with parents, siblings, and grandparents, as well as with objects. While a child's developmental rate is unique and many of his or her personality factors remain relatively stable, environmental interactions can be controlled by parents. A parent can assist in the developmental process, however, by knowing what tasks a child has mastered, look at the next step, and think how the next task can best be achieved. Parents tend to want to "stretch" their child's experience with new toys and games. Often a parent will wonder why a toy they have selected is never played with. If the child never plays with the toy, it may be that she or he does not have the required preskills. Children tend to like repetition of an "old" favorite toy or game. As parents, we often assume that novelty is of extreme importance for small children, but this is frequently not the case. Think back about how long your children would have continued with a "find-me" game or "peek-a-boo" if you were willing to devote hours of your day to that activity. It is often the parent not the child who tires of a favorite game.

Parental interaction is the base for the child's social and emotional growth. It is important for parents to understand their own unique personality characteristics, as well as those of their child, and try to establish a method of child-rearing that is compatible to both. Some children's temperaments are easier for parents to handle than others. If a child is easily excitable, distractible, and reacts intensely to the world in general, parents need not think of the child as "difficult" or "bad" but can try to accept the child the way he or she is. Parents can provide structure and limitations and still have freedom within the structure for exploration and stimulation.

PARENTING THE HANDICAPPED CHILD

Parents who have a handicapped child need to remember that their child is unique, too, and not just because of a disability. For the special child, the strength and support of the family is a more important factor in the child's development than a handicap. Parents of handicapped children should look for the child's strengths and capitalize on them to provide as much success as possible. Parents may need to adapt their parenting style to adjust to the handicap so that they can feel they know their child and understand what is best for him or her.

The developmental-level factor may be a difficult one for parents of a child with a disability. Parents are eager for their children to progress and may try to push the child into a level he or she is not ready for. If a child is three years old chronologically but functioning at about one year old, developmentally, it might be said that, "if you treat the child as if he were three, you'll be frustrated and the child will be frustrated; if you treat him as if he were one, you'll be happy and he'll be happy."

A child needs to be successful. Parents of handicapped children should remember the Four S's.

SIMPLIFY - Simplify the instructions. Arrange step by step.

STRUCTURE - Make sure the environment and external variables are positively influencing learning.

SEQUENCE - Be sure the skill is appropriately in sequence.

SUCCESS - Success is the key to a positive self-concept.

SIMPLIFY + STRUCTURE +
SEQUENCE = SUCCESS

FAMILY CYCLES

Me, You, Us

All of these steps mean temporary stress and require time and family adjustment. Check the ones that apply to you.

____ 1. Conception, pregnancy, birth of a child (or adoption).

____ 2. Child begins to walk (or becomes mobile).

____ 3. Child begins to use speech.

____ 4. Child enters school.

____ 5. Child enters adolescence.

____ 6. Child moves away from home.

____ 7. Child or adult marries or becomes in-law.

____ 8. Career or job change by parent.

____ 9. Divorce or separation.

____ 10. Loss of a job.

____ 11. Parents become grandparents.

____ 12. Death of spouse.

____ 13. Retirement.

____ 14. Serious physical illness.

••A PARENT'S UNIQUENESS••

- DISCIPLINE

- EXPECTATIONS/GOALS

- INTIMACY/ COMMUNICATION

- SELF-RELIANCE/ INDEPENDENCE

SOME FACTS

0-12 Months (Walking or Crawling Stage)

1. A baby needs love, understanding, acceptance and security--a baby needs to learn to trust.

2. A parent needs to meet baby's physical needs--such as feeding, changing diapers, and rocking, in order to develop security.

3. Some babies walk at 10 months, some at 15 months (both are considered normal). Don't expect more than the infant can do.

4. Babies are learning; they learn from toys, people, situations, talking, etc.

5. Discipline at this age establishes the foundation for a deep emotional rapport. Enjoy and play with your baby.

6. Common problems are baby crying, sleep patterns, parents' feeling of inadequacy, irritation, and fear or depression (mainly of the primary caretaker).

1-2 Years (Toddlerhood)

1. Active play is important to the child's physical development; the child is a tireless explorer.

2. Toddlers discovering their environemnt are so intense at times that they are destructive without meaning to be.

3. Environmental control is the secret for successful discipline. He or she needs to roam and explore.

4. Common problems are eating, biting, waking up in the middle of night, temper tantrums, and an excess of energy at bedtime.

2-3 Years

1. This age, sometimes called the first adolescence, is an age of extremism, as the child tries to develop his own self-identity. The child will shuttle back and forth between baby behavior and independent behavior.

2. "No" is one of the child's favorite words.

3. Important developmental tasks at this age include learning to talk, to control elimination, and to respect property. Rules are important.

4. Discipline is needed at this age--a firm hand at the parental helm and flexibility in rules and regulations. Give choices--positive rewards sometimes work.

5. Problems are temper tantrums, indecision, hitting, not respecting property of others, asking "why" about everything. Sometimes parents of special children overprotect or overindulge them during this stage.

3-5 Years

1. The main developmental task is to develop autonomy--intellectually and emotionally.

2. Order and routine give the child a sense of stability and security.

3. Sometimes it is hard for the preschooler to differentiate between fact and fantasy.

4. Child is usually attached to the parent of the opposite sex.

5. Discipline techniques used successfully at this stage are positive rewards, time-out periods, contracting, listening, and mutual problem-solving.

6. Problems are eating, bedtime, fighting with siblings and peers, saying "no," fantasy versus reality, sharing, television, expressing feelings appropriately, and getting along with others.

FUNCTIONAL ASSESSMENT *

(for presenters' use only)

In order to determine where a small child (age 0-6) is functioning on the developmental level, parents and professionals need to know what tasks the child has mastered on the developmental scale. The following checklist contains general guidelines in six areas: gross-motor behavior, fine-motor behavior, self-help skills, social development, language development, and cognitive development.

General Guidelines for Gross-Motor Behavior

	Yes	No
0 to 12 months		
Raises head to look around while lying face down		
Head does not lag behind body when child is pulled into sitting position		
Sits with support with head erect but tires shortly or easily		
Rolls over front to back and back to front by himself		
Extends arms to catch self if falling		
Crawls on hands and knees but may be slow and hesitant		
Sits steadily with support for indefinitely long periods of time		
Pulls self to standing position using a support		
12 to 24 months		
Creeps (crawls) in well-coordinated, rapid fashion (hands/feet or knees)		

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	Yes	No
Walks independently--may be unsteady		
Climbs into adult sized chair by himself		
Goes up and down stairs on all fours or in sitting position		
Walks into large ball sitting on the floor when trying to kick it		

24 to 30 months

Runs safely on whole foot, stopping and starting with ease.		
Pulls wheeled toy by cord		
Bends at waist to pick up something from floor		
Jumps from bottom step; usually straight down (may step off slightly)		
Walks upstairs alone; may hold rail and place both feet on each step		
Attempts to step on walking board		
Walks backward about 10 feet		

30 to 36 months

Pushes and pulls large toys skillfully; has difficulty moving them around corners		
Kicks large ball (12-inch ball that is at rest on the floor)		
Balances on one foot for one second		
Walks upstairs alternating forward foot (downstairs holds rail--2 feet/step)		
Keeps feet on line for 10 feet while walking forward		
Jumps over string held 2 inches high		
Makes broad jump 24 to 34 inches		

36 to 48 months

Walks downstairs alternating forward foot (may hold to rail)		
Turns wide corners on tricycle		
Jumps from bottom step out 6 to 8 inches with both feet		
Can swing self		
Can turn around obstacles and corners while running		
Can turn around obstacles while pushing and pulling large toys		
Uses pedals while riding tricycle		
Balances on one foot for 2 to 5 seconds		

48 to 60 months

	Yes	No
Walks heel to toe forwards on a line on the floor alternating feet		
Walks alone up and down stairs, one foot per step; does not hold rail		
Runs on tiptoe after demonstration by another		
Rides tricycle expertly and with ease		
Throws ball overhead (9-inch ball--12 feet--direction only fair)		
Jumps from height of 12 inches (both feet, does not step off with one foot)		
Hops on one foot in place		
Balances on one foot for 10 seconds		
Walks backward, heel-to-toe on a line on the floor alternating feet		

60 to 72 months

	Yes	No
Active and skillful in climbing (slides, ladders, trees, etc.)		
Can hop 2 to 3 yards forward on each foot separately		
Can jump rope swung by others slowly		
Can walk forward on a narrow plank alternating feet		
Runs with few falls while playing games at the same time		

General Guidelines for Fine-Motor Behavior

0 to 12 months

	Yes	No
Fist clenches tightly when touched by object--does not grab object		
Holds small items placed in hands--puts them in mouth (rattle)		
Transfers items from one hand to the other		
Holds two items; one in each hand (blocks, sticks, etc.)		
Is able to release objects on purpose (can drop objects intentionally)		
Picks up items with neat pincer grasp; tip of index finger and thumb		

	Yes	No
12 to 24 months		
Imitates scribble demonstrated by examiner (crayon and paper)		
Builds tower of 2 one-inch cubes		
Turns pages of a book-several pages at one time		
Opens simple containers (box with loose fitting lid like a shoe box)		
Can empty open bottles by dumping (this must be done on purpose)		
24 to 30 months		
Removes paper wrapping from small sweet		
Makes spontaneous circular scribble and dots with paper and pencil		
Imitates vertical line drawn by another using crayon and paper		
Imitates circle with crayon & paper when demonstrated by adult		
Turns pages one at a time in books		
Rolls, pounds, squeezes, pulls clay or play dough		
Interested in painting process, not product (may just smear paint)		
Builds towers of 6 cubes for play		
Makes one single cut with scissors (my be a short cut)		
Strings beads with large holes		
30 to 36 months		
Moves to music while watching others do the same		
Experiments with vertical, horizontal lines, dots, circles (pencil, crayon, paint)		
Imitates V and H strokes from demonstration by adult		
Folds paper on demonstration leaving crease in paper		
Builds tower of 7 one-inch cubes		
Copies circle from picture when told "make one like this"		
Imitates bridge built with 3 blocks after demonstration		
Can be trusted to carry breakable objects		

General Guidelines for Self-Help Skills

	Yes	No
0 to 12 months		
Becomes excited and eager when sees bottle for feeding		
Eats baby food well--does not push out of mouth with tongue unless full		
Holds baby bottle without assistance, retrieves dropped bottle		
Will accept water, juice, or milk from cup held by adult		
12 to 24 months		
Removes shoes and/or socks		
Cooperates in dressing (puts arm in sleeve; extends leg for pants)		
Holds cup alone (may use two hands)		
Chews and swallows lumpy foods (cottage cheese, peas, etc.)		
Partly feeds self with spoon but frequently spills		
24 to 30 months		
Lifts and drinks from cup and replaces on table		
Feeds self with spoon with only some spilling		
Chews competently		
Dry during the day--does not wet pants except for occasional accidents		
Takes off shoes, mittens without help		
Pulls down pants at toilet but seldom able to pull up		
Unzips zippers either on clothes or on zipper board		
Removes coat or dress when buttons or zippers are open		
30 to 36 months		
Eats skillfully with spoon-spills only infrequently		
Buttons one button on a button strip--is slow		
Helps put things away		
Has to be helped during whole process of dressing (coat on at school)		
Feeds self for at least first half of meal (wants independence)		

	Yes	No
36 to 48 months		
Makes a long "snake" or other object with play dough		
Builds tower of 9 one-inch cubes		
Copies square from model or picture without demonstration		
Copies V H T from model with no demonstration		
Draws head of man and usually with one other part		
Drives nails and pegs with hammer into soft base		
Imitates cross on demonstration (+)		
Cuts with scissors (can be many single cuts that fringe paper)--more than one cut		
Catches bounced ball (two hands; 12-inch ball or larger)		
Strings beads with small holes		
Is able to complete 4-piece form board (also single piece puzzles)		
48 to 60 months		
Builds tower of 10 or more one-inch cubes		
Builds 3 steps with 6 cubes after demonstration		
Draws man with two or three parts		
Adds three parts to incomplete man		
Draws very simple house		
Holds paper with other hand in writing or drawing		
Copies star (*) from model with no demonstration		
Has appropriate pencil grasp		
Cuts construction paper in a straight direction with scissors		
60 to 72 months		
Draws man with head, trunk, legs, arms, and facial features		
Writes a few letters spontaneously		
Prints numbers 1 through 5, uneven and medium sized		
Catches a ball 5 inches in diameter		
Laces shoes		
Draws house on command (house has door, windows, roof, chimney)		
Uses stencils appropriately to make shapes with pencil or crayon		

General Guidelines for Social Development

	Yes	No
0 to 12 months		
Regards adult face or smiles when talked to and looked at..		
Watches as people move around..............................		
Vocalizes ("talks back") in nonsense when talked to by adult..		
Spontaneously smiles at adults to initiate social interaction...		
Waves bye-bye when demonstrated by adult..................		
Actively explores environment within limits of his mobility		
12 to 24 months		
Repeats performance laughed at by adults..................		
Shows item by extending it to another person--may not release it..		
Actively plays with doll or stuffed animal--does not just carry...		
Pulls person to show them a specific item.................		
Demonstrates food preference when given a choice..........		
24 to 30 months		
Attends to story or music for 5-10 minutes with an adult present...		
Has tantrums when frustrated but is easily distracted by another activity introduced by adult......................		
Does not share willingly..................................		
Plays near other children but not with them (parallel play)		
Calls attention to clothes--especially shoes, socks........		
Labels objects as "mine"...................................		
Plays some interactive games--usually with adults (tag)....		
30 to 36 months		
Throws violent tantrums when thwarted or unable to express needs...		
Prolonged domestic make-believe with pots, pans--wants adult near...		

	Yes	No
Dries own hands		
Buttons two large buttons (2-button strip)		
Avoids simple hazards (does not walk in front of swings, bats, etc.)		
Puts on coat or dress unassisted		

36 to 48 months

	Yes	No
Unbuttons accessible buttons (like those on the front of a coat, shirt)		
Feeds self totally with little spilling using a fork and spoon well		
Pours well from pitcher or milk carton		
Spreads butter on bread with knife (soft butter)		
Can pull pants down and up but may need help with buttons		
Buttons coat or dress		
Pulls on shoes, not always on correct foot		
Washes hands unaided and does a good job; may get clothes wet		
Cares for self at toilet totally (accidents due to illness excluded)		

48 to 60 months

	Yes	No
Can brush teeth		
Laces shoes but does not tie		
Distinguishes front and back of clothes		
Buttons 4 large buttons on a 4-button strip		
Can cut with knife		
Dries face and hands and does a good job		
Washes face unassisted		
Dresses self except for tying with only minimal supervision		

60 to 72 months

	Yes	No
Uses knife and fork very well		
Washes and dries face and hands without getting clothes wet		
Undresses and dresses alone except for tying shoes		
Puts toys away neatly in box		
Brushes and combs hair successfully		
Uses bathroom by himself for all needs (toileting, washing, etc.)		

	Yes	No
Watches other children at play, may join for a few minutes.		
Brings favorite toy to school but will not share		
Separates from mother easily		
36 to 48 months		
Can take turns with supervision--may not want to		
Enjoys floor play with bricks, boxes, cars--alone or with peers		
Usually shares play things and/or sweets--may need some urging		
Plays interactive game like tag or housekeeping with peers.		
Helps put things away		
48 to 60 months		
Usually expresses anger verbally rather than physically (about 75% of the time)		
Plays competitive exercise games (foot races, tag, etc.)		
Needs other children to play (is alternately cooperative and aggressive)		
Shows concern for playmates in distress (calls adult attention to)		
Does simple errands out of room (takes note to the office).		
Calls for attention to own performance (watch me)		
Asks for adult or peer assistance when it's needed		
Offers assistance to another child or will help another child upon adult request		
60 to 72 months		
Continues domestic and dramatic play from day to day at school		
Plans and builds constructively (elaborate block structures)		
Plays very complicated floor games (trains, cars, block road, etc.)		
Cooperates with companions--waits for his turn or usually accepts peer group decision on games to be played		
Understands need for rules and fair play		
Actively comforts playmates in distress (puts arm around, talks to)		

	Yes	No
Enjoys dressing up in adult clothes (dresses by himself)...		
Will usually let another finish talking before responding..		

General Guidelines for Language Development

0 to 12 months

Vocalizes other than crying and/or noises--makes comfort sounds.....................................		
Babbles (regularly repeats a series of same sounds: ma ma ma ba ba)..		
Turns head toward a sound or a voice......................		
Laughs out loud or smiles when played with by another person...		
Responds to own name or "no-no" by looking and/or stopping activity...		
Imitates sounds modeled by adult (e-e-e; m-m-m; car noises, etc.)...		

12 to 24 months

Vocalizes nonsense or jabbers when playing alone...........		
Shows shoes or other clothing on adult command.............		
Waves bye-bye or claps hands on verbal command (no demonstration)..		
Points to desired objects (gestures to communicate needs)..		
Responds appropriately to "sit down," "stand up," "come here"...		
Points to self on request. "Where's Johnny?"..............		
Echoes some words and phrases he hears or echoes what he says himself..		
Uses common expressions learned as single words (uh-oh, bye-bye, all gone, okay, hi, no, etc.).............		
Imitates environmental sounds in play (motors, animal sounds, etc.)...		
Uses verbs without indication tense (set, eat, etc.).......		
Uses single words to communicate wants or desires--may say "want" and point to object (shoe, apple, car)..............		

	Yes	No
24 to 30 months		
Talks to himself continually as he plays, using words		
Sings phrases of songs, generally not on pitch		
Puts two or more words together to form simple sentences: (want milk, boy kick, kick ball, sit chair, etc.)		
Asks for "another" or "more" (more milk, another cookie)		
Repeats four single words on verbal commands (birdie, ball, kitty, dinner)		
Responds to 2-part related commands (ex. Pick up the paper and put it in the trash can)		
30 to 36 months		
Identifies action in pictures--walking, sitting, throwing, flying, etc. ("Show me eat/sleep/run" etc.)		
Can state first and last name upon request		
Uses pronouns I, me, you, but not always correctly		
Name actions in pictures with verb (cry) or verb ending in "ing" (crying)		
Points to hair, mouth, feet, ears, hands, eyes on picture when asked		
Uses plurals that end in "s" or "z" sound (balls, cars, trees, etc.)		
Vocally expresses desire to take turns (but may not want to share himself)		
Can indicate where fingers and shoes are when asked		
Can answer correctly "Are you a boy or a girl?"		
Uses some irregular past tenses of verbs (saw, feel, gave, etc.)		
36 to 48 months		
Recites poem or simple song from memory		
Identifies action vs. "not" action (ex.: Show me the boy who is not sleeping)		
Can follow 2-part unrelated commands (ex.: Get the book and turn off the light)		
Refers to himself by pronoun (I want, give me, etc.)		
Relates experiences, describes activities (vague, one-sentence descriptions) when asked (ex.: What did you have for breakfast? Where did you put your picture, etc.?)		
Asks many "wh" questions (when, what, where, why, etc.)		

	Yes	No
48 to 60 months		
Follows 3-stage unrelated command made by an adult who does not use gestures when giving commands. (Pick up can, put paper on table, close door)		
Can put self in positions of "beside, between, and move forward and backward" when requested		
Uses many "how," "why," and "what if" questions		
Can verbally list a number of things to eat		
Answers simple who, what, where questions after listening to a story		
Understands terms indicating past, present, future, but may not use them when speaking (yesterday, today, tomorrow)		
Uses comparative forms of adjectives (big/bigger, small/smaller)		
60 to 72 months		
Speaks fluently and correctly except for confusions of s/f/th		
Understands "if, because, when" in sentences used by others		
Gives age and usually birthday (not usually year of birth).		
Defines concrete nouns by use ("What is a ball?" "It bounces.")		
Answers "why" questions with an explanation		
Asks the meaning of abstract words		
Answers "how" questions and understands causal relationship		
Uses future, present, and past tense of verbs (will jump, jumps, jumped)		

General Guidelines For Cognitive Development

	Yes	No
0 to 12 months		
Regards item held in own hand		
Purposefully shakes noisemaker held in own hand		
Fingers objects in containers without removing (a cube in a cup)		
Will look at pictures that are named and pointed to by adult		
Removes objects from containers (one cube from large cup or box)		

	Yes	No
12 to 24 months		
Attempts to stack cubes after adult demonstration (may fail at attempt)..		
Places object in container after demonstration (block in box)..		
Attempts to imitate crayon strokes of adult (failure is permissible)...		
Scribbles on paper with crayon when told to make something.		
Can place circle in 3-piece form board without demonstration...		
24 to 30 months		
Points to picture and repeats words for hair, hands, feet, nose, eyes..		
Likes to talk about pictures.............................		
Names 3 of the following objects when shown (chair, car, box, key, fork)..		
Identifies self in a mirror when asked...................		
Follows command to give pencil, paper, to examiner (when choices are a pencil, paper, book)........................		
Attempts to fold paper upon demonstration by adult (failure permissible)....................................		
Draws object closer using string (uses both hands alternately, first one hand, then the other)..............		
Nests 4 cubes...		
Answers correctly "What do you hear with?" (points or states ears)...		
30 to 36 months		
Identifies action in pictures (walking, sitting, throwing etc.)...		
Continually asks questions beginning with "what" and "where"..		
Enjoys looking at books alone............................		
Labels own mud and clay products as pies, cakes, etc.......		
Matches colored blocks (primary colors) or identical pictures..		
Points to floor, window, door, on command................		
Names block structure as bridge, bed, track (whatever he wants it to be)....................................		

	Yes	No
36 to 48 months		
Can complete 3-piece form board, all forms same color		
Can immediately perform above item when board is placed upside down		
Can point to smaller of 2 squares		
Can tell which of 2 sticks is longer		
Can sort identical items by color (red and green blocks, etc.)		
Can count 2 blocks with one-to-one correspondence		
48 to 60 months		
Can select heavier weight when given two objects to hold		
Matches and names 4 primary colors		
Counts 4 objects and answers "how many"		
Draws man with two or three parts on command "draw a man"		
60 to 72 months		
Matches 10 to 12 colors		
Demonstrates knowledge of left and right		
Can count 6 objects when asked "how many"		
Can tell how crayon and pencil are same and how they are different		
Can tell what number follows 8		

CHARACTERISTICS OF CHILDREN'S BEHAVIOR

Directions: Rate your child on each dimension. First, recall how he or she behaved as a newborn (0-3 months). Circle a number on the scale to indicate how you perceived the child's responses. Second, think of your child as he or she is now. Mark an X on the continuum to indicate how you currently see him or her. Compare the likenesses and differences of the newborn behavior and that of the older child.

Activity level

Low High

1 2 3 4 5

Regularity

Predictable Unpredictable

1 2 3 4 5

Approach-withdrawal

Withdrawal Approach

1 2 3 4 5

Adaptability of change

Adaptable Inflexible

1 2 3 4 5

Level of sensory threshold

Low High

1 2 3 4 5

Quality of mood

Negative				Positive
1	2	3	4	5

Intensity of reaction

Low				High
1	2	3	4	5

Distractibility

Highly distractible				Nondistractible
1	2	3	4	5

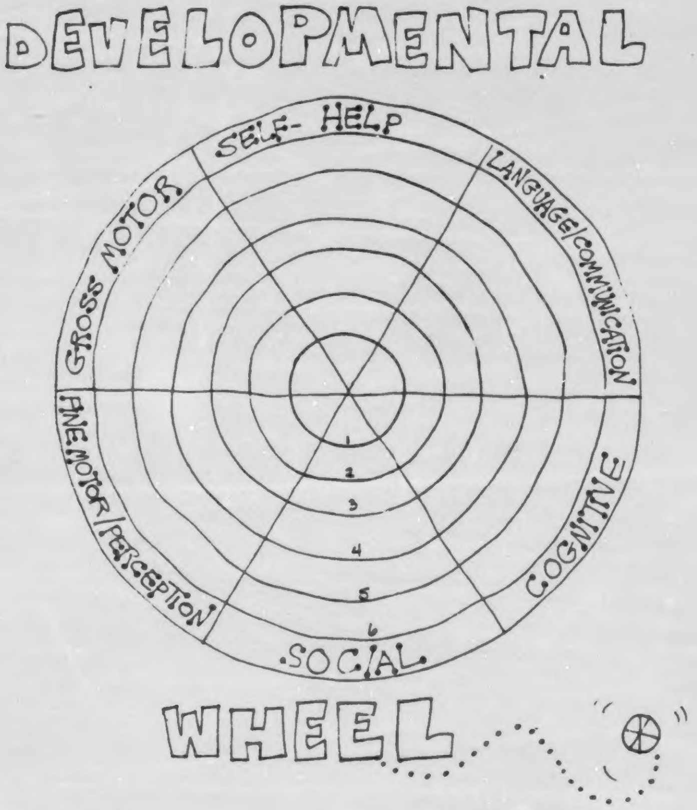
Persistence

Quits easily		Persists on difficult tasks		
1	2	3	4	5

Parent Presentation

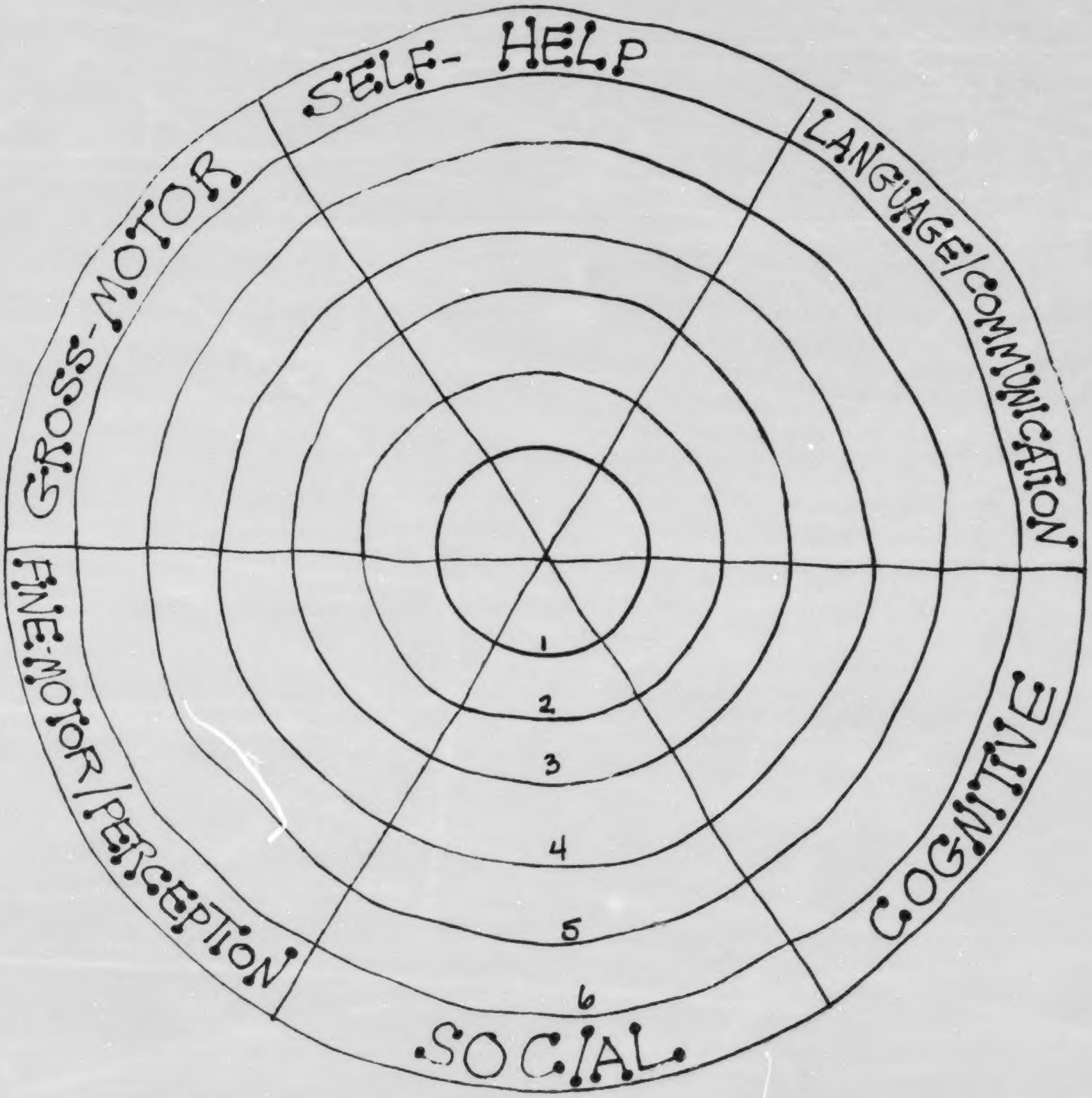
The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on). Use handouts for references.
- Elaborate on your handicapped child. Tell participants about the disability and about how your child has progressed through the developmental stages.
- Talk about which areas of growth and development are your child's strengths and weaknesses. Utilize the "Developmental Wheel"--draw on the chalkboard or show the overhead transparency (1-6).


DEVELOPMENTAL
SELF- HELP
LANGUAGE/COMMUNICATION
COGNITIVE
SOCIAL
FINE MOTOR/PERCEPTION
GROSS MOTOR
1
2
3
4
5
6
WHEEL

- Discuss problems that have occurred in your child's development.
- Relate to participants whether you ever felt like pushing your child's developmental rate.
- Tell how your handicapped child is like other children.

DEVELOPMENTAL


SELF-HELP
LANGUAGE/COMMUNICATION
COGNITIVE
SOCIAL
FINE-MOTOR/PERCEPTION
GROSS-MOTOR
1
2
3
4
5
6

WHEEL

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Pass out handout,"The Developmental Wheel" (1-7).
- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Read the instructions for Developmental Wheel A and go over the functioning areas of the handicapped child named Cathy. Ask the four·questions provided on the handout and fill in the chart. This activity can be omitted if the parent presenter has demonstrated use of the developmental wheel.
- Guide the participants to Developmental Wheel B and read the instructions there. Help participants shade in the growth areas for each of their children.
- Go over the five questions at the end, and encourage participants to discuss their children and any problems they have had or are having.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

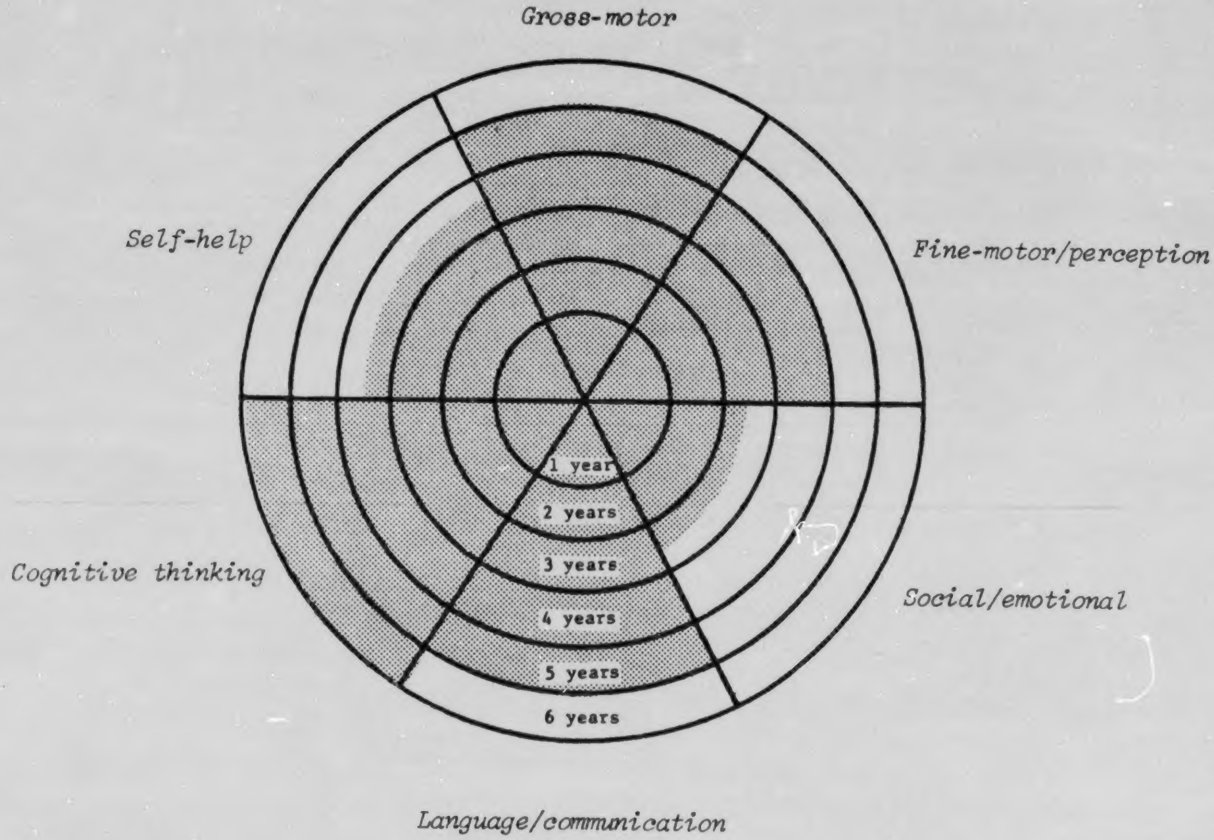
Small-group discussion questions:

- Ask participants how they see their role relative to guiding their child's development. Describe the ways this role is accomplished.
- How successful are you in selecting appropriate toys or activities for your child? What things have worked and what things haven't? Why?
- Ask participants how they view each person's uniqueness in the family? Does it ever create problems? Is it ever an advantage?

THE DEVELOPMENTAL WHEEL

Directions: In order to understand the six areas of growth and development and how they can function independently of each other, look at Developmental Wheel A. Read the description of Cathy, a handicapped six-year-old.

Developmental Wheel A



Cathy

Cathy is a six-year-old spastic, cerebral-palsied child. The following is a synopsis of her progress in various skill areas as shown on the above profile wheel.

Cognitive thinking—Cathy is functioning within normal range for cognitive and thinking skills.

Language/communication--Cathy is making good progress in her language/communication skills. However, because of her articulation problem caused by the spasticity, her contact with other children and opportunities for social interaction are not what they would be for a normal six-year-old child. Her communication skills are at a five-year-old level.

Social/emotional--Cathy is very shy and is reluctant to talk with other children because of the inability to control drooling. She has difficulty playing cooperatively and often just prefers to be alone. Her social skills are at approximately the two- to three-year-old level.

Fine-motor/perception--Cathy receives occupational therapy for fine motor skills. She is able to feed herself with both a fork and a spoon. She has some difficulty coloring within a specified outline and has difficulty using crayons. She is functioning at a four-year-old level.

Gross-motor--Cathy is receiving physical therapy and is able to walk with braces. She is functioning at approximately the five-year-old level.

Self-help--The fine motor difficulty has impaired her progress in self-help skills. The family has begun a program to help her learn to dress herself and to brush her hair and teeth. Cathy is toilet-trained. Self-help skills are at a 3½-year-old level.

Questions for the group:

1. What are Cathy's strengths according to Developmental Wheel A?
2. How might Cathy's parents capitalize on her strengths to give her the successes she needs to grow and develop?
3. Which is Cathy's greatest area of difficulty?
4. How could Cathy's parents deal with her weaknesses without pressuring her?

Now look at Developmental Wheel B which has not been shaded in with a particular pattern or rate of growth. Think about your child's current developmental stages and decide at which level your child is functioning. Shade in the appropriate part of the circle for each of the six areas of growth and development.

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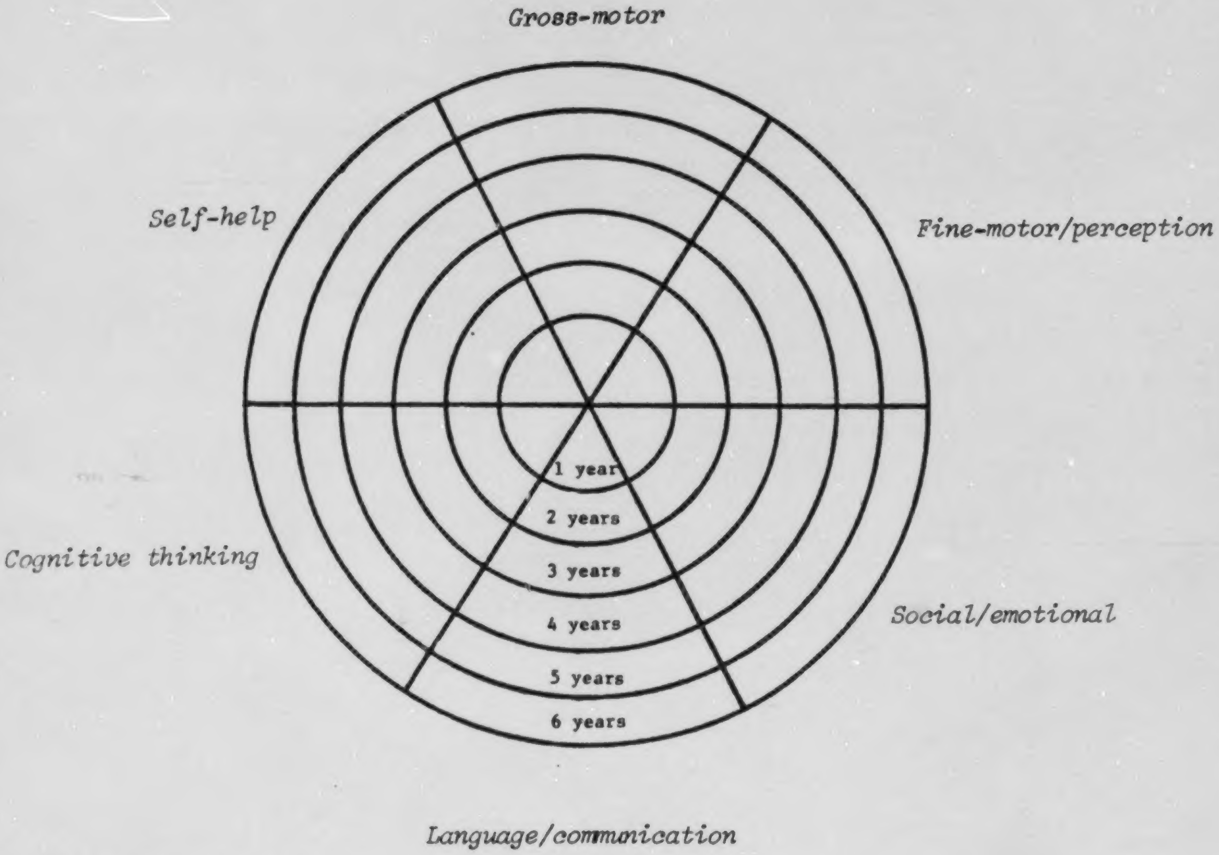
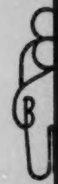
Developmental Wheel B


Gross-motor
Self-help
Fine-motor/perception
1 year
2 years
3 years
4 years
5 years
6 years
Cognitive thinking
Social/emotional
Language/communication

Questions for the group:

1. Did you find that your child is functioning on the same level in all six areas?
2. Did you find wide variations in the areas of growth and development?
3. Is there a parent of a handicapped child who would volunteer to give a description of the child's rate of development?
4. What problems could arise for a child who is average or above age-level in another area?
5. Do you feel that you know what your child's strengths and weaknesses are?



Parent Summary Sheet

You're an original! No one else has the exact interests, strengths, or weaknesses that you have. Even though you share similar needs and desires with those around you, you're unique, and that's what makes life interesting and worth celebrating.

From birth, babies are persons with their own special qualities. Infants demand to be treated as individuals and continue to express their individuality throughout the teen years and beyond.

Mother Nature is a wise teacher. We can benefit by following her way of allowing life forms to grow in their own time. Accomodating individual differences in a family can be difficult, but it is still a most worthwhile goal.

EACH CHILD IS UNIQUE AND EACH HAS
AN INDIVIDUAL RATE OF DEVELOPMENT

A child's learning is based on three factors:

1. Developmental rate.
2. Innate personality.
3. Environmental factors, including parent interaction.

SIX AREAS OF DEVELOPMENT:

1. *Gross motor*--coordination of large muscles.
2. *Fine motor/perception*--coordination of small muscles.
3. *Self-help*--independent care of individual needs.
4. *Social/emotional*--getting along with others, handling feelings.
5. *Language/communication*--listening, understanding, speaking.
6. *Cognitive thinking*--problem-solving, understanding relationship of self with objects.

ENVIRONMENTAL FACTORS:

1. Parents should try to accept the child the way he or she is, and his or her uniqueness.
2. Parents should provide structure and the right amount of freedom for the child to grow and be successful.

INNATE DIFFERENCES:

Maintained from birth to childhood

1. Activity level--how much the child physically moves.
2. Regularity--degree of regularity of body functions.
3. Approach or withdraw--characteristic response to new situation.
4. Adaptability--ease or difficulty with which a child adapts to change beyond his/her initial response.
5. Sensory threshold--how sensitive the child is to external stimuli.
6. Quality of mood--how the child generally responds.
7. Intensity of reaction--energy of a response.
8. Distractibility--the degree babies or children are able to concentrate.
9. Persistence--attention span and ability to continue an activity when difficulties are presented.

SUGGESTIONS FOR PARENTS TO HELP FAMILY MEMBERS DEVELOP THEIR FULL POTENTIAL AS UNIQUE PERSONS

Don't Push

It is a natural desire for children to do their best. Parents need not push them to learn. Give them plenty of learning opportunities, firm support, and gentle guidance. Focus on encouraging their strengths and successes.

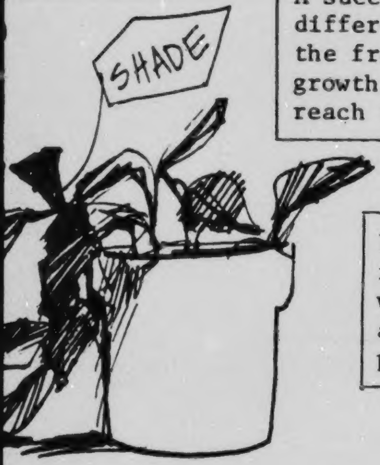
Don't Compare

We each have a unique contribution to make to the world. Rather than comparing them to others, help your children develop their own special talents.

FULL SUN
WATER
DAILY

Do Respond to Children As Individuals

A successful parent is sensitive to the differences of children. Giving children the freedom to be themselves makes full growth possible. This is how they will reach their full potential.



Do Enjoy

If you don't expect your children to fit into a mold, you will be more comfortable with them and yourself. You will be less anxious and feel more of the joy of parenting!

SUGGESTED READINGS

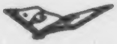
Chess, Stella, Alexander Thomas, and Herbert Birch. *Your Child Is a Person.* New York: Penguin Books, 1962.
A Fascinating account of the varoius ways in which children differ, even from birth. Small books, easy to read.

Gesell, Arnold. *First Five Years of Life.* Harper & Bros., New York, 1940.
Describes some norms of development but points out differences which my occur.

Smith, Sally. *No Easy Answers.* National Institute of Mental Health, Washingdon, D.C., 1978
A realistic but positive look at the role of parenting a handicapped child.

Bibliography

Books



Apgar, Virginia, and Joan Beck. *Is My Baby All Right?* New York: Trident Press, 1972.

Brazelton, T. Barry. *Infants and Mothers.* New York: Dell Publishing Company, 1969.

Brown, Diana L. *Developmental Handicaps in Babies and Young Children: A Guide for Parents.* New York: Charles C. Thomas, 1972.

Chess, Stella and Alexander Thomas and Herbert Birch. New York: Penguin Books, 1972.

Dodson, Fitzhugh. *How To Discipline--With Love.* New York: New American Library, 1978

Fraiberg, Selma. *The Magic Years.* New York: Scribner & Sons, 1959.

Gesell, Arnold. *First Five Years of Life.* New York: Harper and Brothers, 1940.

Smith, Sally. *No Easy Answers.* Washington, D.C.: National Institute of Mental Health, 1978.

Taylor, Barbara. *Dear Mom and Dad.* Salt Lake City, Utah: Brigham Young University Press, 1978.

Wentworth, Elise H. *Listen To Your Heart: A Message to Parents of Handicapped Children.* New York: Houghton Mifflin, 1974.

Audiovisual Materials

The Child Series: The Child Part II, Jamie, Ethan, and Keir.
McGraw Hill Films. 16mm color, sound, 28 minutes.
Follows three children through 14 months of their lives showing how they explore, learn, and make important discoveries about themselves and their environments.

What Color Is the Wind? Allen Grant Productions.
16 mm color, 27 minutes.
A story of twin boys--one blind, one sighted--and the determination of their parents to treat them equally in the face of societal pressures.

The Scratching Pole. Footsteps Series, University Park Press,
International Publishers in Science, Medicine, and Education,
233 E Redwood Street, Baltimore, MD.
28 minutes. Video tape.
Introduces the concepts of developmental tasks and teaching tasks that will be used during a lifetime.

Why Me?: Coping With a Special Child

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To help participants realize that the more information they have about a child's handicap, the less severe the handicap will seem to them.	55	10 minutes
Professional Presentation	To learn some of the emotions associated with experiencing a loss.	57	40 minutes
Parent Presentation	To relate personal experiences showing the progression through emotional stages of the grief cycle.	64	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To encourage participants to think about the variety of grief-cycle experiences.	65	40 minutes

Overview

Nearly everyone who lives to adulthood will experience grief. It may be caused by a loved one's death, it may be a result of a divorce, or it may be suffered by experiencing the "loss of a normal child," as with parents learning to accept a handicapped child.

Studies have taught us that people react to loss by progressing through different emotional stages. Each person will experience some of the stages at different times and in varying degrees. Knowledge of the grief cycle can help us better understand our friends, neighbors, and coworkers when they are grieving, as well as provide insight for those times when our own lives are confronted with a critical process of adjustment.

Introductory Activity

The professional presenter should:

- Tell participants you are going to pass out a sheet listing 10 handicaps, then ask them to numerically rank types of handicaps in terms of severity (from 1 to 10, least severe to most severe). The purpose of this activity will be to see if any one handicap seems worst to a majority of people.
- Pass out handout, "Handicap Ranking Scale."
- Read the instructions out loud. Try not to define or qualify any of the characteristics of the handicap. Each question should be answered with, "Rank the handicaps by severity, according to your own feelings."
- Have extra pencils available.
- Allow 5 minutes to complete the activity.
- Write the 10 handicaps on the chalkboard. Ask each participant to tell which handicap he or she ranked first, and mark each first-place vote.
- Total up the group's votes and write the numbers 1, 2, or 3 by the handicaps with the first, second, and third number of votes.
- Review the research of Barsch (1968) who gave an exercise similar to this one to parents of handicapped children, and found:

  -Parents of handicapped children tended to rank handicaps other than that of their own child as *more* severe.
  -Parents of nonhandicapped children ranked cerebral palsy, mental retardation, mental illness, and brain injury as the four greatest handicaps.
  -Conclusions can be drawn that if one has more knowledge of and experiences day-to-day contact with a specific disability group, these factors tend to diminish the disability in the eyes of the person doing the ranking.

- End the activity with the idea that the more informed parents are about their child's handicap and their own feelings about it, the less severe a crisis it will seem.

HANDICAP RANKING SCALE*

Number of children in family_________ Number of handicapped children________

Type of handicap(s)____

Categories of handicapping conditions are listed below. Please rank these, from a low of 1 to a high of 10, according to your own feelings, on the basis of severity. Which handicap do you feel is the most severe problem a child could have? Which one do you feel is second most serious, third most serious, and so forth. Consider only the individual and his or her problem, and his or her problems in adjustment to school and life.

Handicap	*Rank*
1. Blindness.	____________
2. Brain injury.	____________
3. Crippled and other health-impairment.	____________
4. Deafness.	____________
5. Gifted.	____________
6. Emotional disturbance.	____________
7. Epilepsy.	____________
8. Learning disability.	____________
9. Mental retardation.	____________
10. Speech-impairment.	____________

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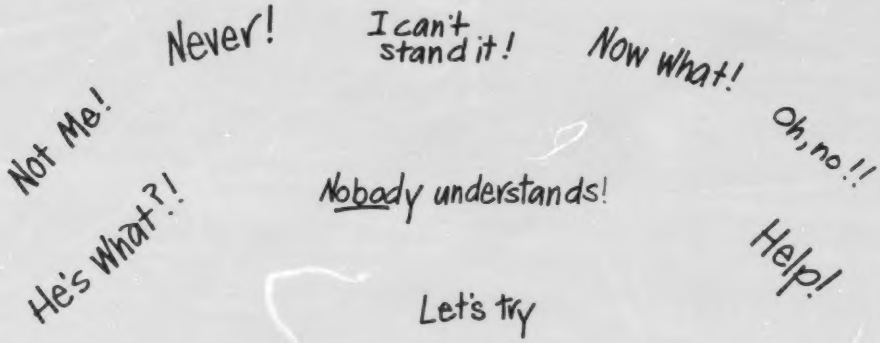
* From *Strategies for Effective Parent-Teacher Interaction*. The Parent Involvement Center. Albuquerque, NM: University of New Mexico

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.
- Make a large reproduction of the "'Good' Grief Cycle" (2-1) or draw one up ahead of time on the chalkboard. Keep it in view of the audience during the presentation. The "'Good' Grief Cycle" (2-1) may be used as a handout, too.
- Tell the participants, "The grief cycle is purposely shaped in a U design. After the initial shock of hearing some information or a diagnosis, it is felt that one's emotional state may regress to the point of panic. Only when a person feels and expresses anger does the curve begin to move in an upward fashion."


Never!
I can't stand it!
Now what!
Not Me!
Oh, no!!
Nobody understands!
He's What?!
Help!
Let's try

PARENTAL REACTION TO THE "LOSS OF A NORMAL CHILD"

When parents discover their child is not going to be completely normal, there are a variety of parental reactions. Some of these reactions are:

1. *Shock.* During pregnancy, parents eagerly await the birth of their child. They are going to share in a most precious process--the recreating of themselves in a new life. The child is to be their gift of love to each other. When the moment of realization comes that their child is handicapped, parents experience the shock of the "loss of a normal child."

2. *Depression.* It is natural for us to be disappointed when things do not turn out the way we planned. We want perfect children through whom we can realize our dreams. When the child is handicapped and their dreams of fulfillment are altered, parents either search desperately for help or they may slip into helplessness and depression.

3. *Guilt.* Parents often report they are to blame for what has happened to their child. Hours may be spent analyzing daily routines during pregnancy; reliving each step of labor and delivery; and looking into family histories to see which parent might have something suspicious in the past. Even after the initial shock has worn off, guilt can surface because the parents feel they are not doing enough to help their child or because they waited too long to get help. The guilt reaction is a pervasive one.

4. *Shame.* Many parents report feeling embarrassed in front of family and friends, and when out in public. They may learn to anticipate social rejection, pity, and ridicule. They are uncomfortable about what to say and how much to say. Unknowingly, people in public places can intrude on a peaceful state of mind and start up a painful conversation.

5. *Isolation.* It is not uncommon to find parents of handicapped children withdrawing from social participation and altering plans that might expose them or their child to social rebuff. This withdrawal or rejection may further frustrate parents and thereby increase their hostility, resentment, or anger toward those around them. Expressing these feelings makes it more likely that their family, friends, and neighbors will want to have even fewer associations with them. Parents may find themselves gripped in a vicious cycle of rejection and isolation.

6. *Anger.* Parents of handicapped children have a right to be angry. This is a blow that should not have been dealt to them. They experience a loss of self-esteem; face a problem that must be dealt with hourly that doesn't ever go away; and must deal with a situation that often brings little or no significant reward to keep them going. The anger is there, often directed at doctors, teachers, spouses, or other family members. Channeling the anger can be the turning point for parents in the grief cycle.

Suggested Activity 1

The professional presenter should:

- Tell participants you are going to ask for volunteers to give some specific examples of what a person might say at each stage of the grief cycle.
- Write the word "shock" on the board. Make up two incidents, one about the birth of a Down's Syndrome baby and one about a couple getting a divorce.
- Give the first example of shock:
  "Your baby is retarded."
  "I don't love you any more and I want a divorce."
- Proceed through the grief cycle toward the stage of acceptance, giving examples at each stage. Use the following examples if discussion slows down:

  Shock
  "Your baby is retarded."
  "I want a divorce."

  Depression
  "I can't go on like this."

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Denial
"No, there must be some mistake."

Guilt
"I shouldn't have had that glass of wine at Christmas."
"If only I had kept the house neater."

Shame
"What will people think?" "What will they say?"

Isolation
"It's too much trouble to take him out."
"I'd feel awkward going alone."

Panic
"Will he ever learn to take care of himself?"
"I might be alone the rest of my life."

Anger
"Why me?" "Is God punishing me?"

Bargaining
"If I go through this and do a good job, please don't ask anything more of me."

Hope
"Is there a school or a place where I could take him for help?"
"Maybe I should join a support group."

Acceptance
"There are going to be days when I will be filled with anger and grief and other days when I will feel strength."

PARENTAL NEEDS

Once parents begin to experience the grief-cycle reactions, they will have certain needs that must be met. Some of these needs are:

1. *Emotional support.* When problems are kept inside, they can increase in seriousness. Talking about problems will not only make them seem less important but might also lead to solutions. Husbands and wives must rely on each other to listen to and express their feelings regularly so that together they can make decisions about their handicapped child. If family members and friends are negative, parents may seek emotional support and understanding from other parents of handicapped children, community agencies or associations, and special educators. Some families may want to consult a professional in helping them deal with their grief. In counseling, parents may gain an increased sense of their personal strength and power, which will help them cope with their life situation and complete the grief cycle.

2. *Information.* As soon as it becomes available, information should be furnished to the parents to minimize the anxieties that result from the threat of the

unknown. Medical professionals should discuss the results of all tests and evaluations so parents will understand the present nature of the child's condition, what might have caused it, and the child's potentialities and limitations. Parents may want to read about patterns of growth and development in order to gain the perspective that is necessary to interpret stages of development. Parents also might want to read about the broader aspects of their child's problem. Knowing something about the number of children in the country who are similarly handicapped, learning about facilities, and reading case histories may make parents feel that they are not alone. Parents may feel encouraged knowing that specialists have been studying the problem and have accumulated some knowledge and skills.

3. *Positive action program.* Probably nothing is more effective in helping parents adjust to a handicap than the feeling that they are doing things that will help their child develop to the maximum. Parents seem to feel better when there is something constructive for them to do, such as attending therapy sessions or infant stimulation classes. Usually therapists and teachers have a home program for parents to work with the child on a particular skill during the week. Also, there are schools available for handicapped children after the age of three, and parents may want to locate them and become involved. Becoming involved in some program of positive action can give one a sense of satisfaction, an emotional state that is lost early in the grief cycle.

Suggested Activity 2

The professional presenter should:

- Obtain film projector and film, "Sharing the Experience with Gavin," a 28-minute film about the stages of adjustment for parents of a Down's Syndrome baby.
- Tell participants to look for the stages in the grief cycle and how Gavin's parents faced them.
- Tell them also to look for Gavin's parents' needs and determine whether they were met.
- Show film.
- At the end of the film, go back to the chalkboard where volunteers had given examples earlier of exact feelings for each stage of the grief cycle.
- Through discussion, decide what Gavin's parents' feelings were at each stage. Ask, "Were their feelings similar to those expressed on the chalkboard?"
- Ask, "What were Gavin's parents' needs and how were they met?"
- End Suggested Activity 2 with the thought that with adequate support services, parents can proceed through the grief cycle more easily than when they are left to go through it alone.

Alternate Suggested Activity 2

The professional presenter should:

- Show the videotape, "I'll Dance at Your Wedding," if the other film is not available. "I'll Dance at Your Wedding" is a 30-minute film from the "Footsteps Focus on Parenting" television series.
- Tell participants that the videotape concerns different attitudes that parents have about children with handicaps.
- Ask them to keep these questions in mind while viewing the videotape:

  -How does each parent react to the handicaps of his or her child?

  -What do the parents learn at the wedding that helps them cope with their child's handicap?

- Show videotape.
- Follow-up the videotape with these discussion questions:

  -In what ways were Laura and Hunter alike in their attitudes toward Cameron?

  -In what ways were they traveling along a different grief-cycle process?

  -How about Mark's parents? Do you think they had accepted Mark's handicap?

  -What do you think the outlook is for Cameron?

- End Alternate Suggested Activity 2 with the thought that everyone's grief cycle reactions will progress through different stages with varying degrees.

Alternate Professional Presentation

(To be used if many of the participants do not have handicapped children)

The professional presenter should:

- Open the discussion of the grief cycle with introductory comments stating that the grief cycle is a way of viewing the emotions associated with a loss. Indicate that we experience a variety of losses in our lives. For example, as we move from childhood to adolescence, we experience a loss of dependency. In our adult years, we may undergo a "mid-life crisis" when we realize we will not achieve all our dreams. In our older years, after we retire, we may experience the loss of one identity achieved through a job or career.
- Use Suggested Activity 1 from preceding presentation.
- Arrange to hold a panel discussion with four parents who have recently experienced a "change" in their lives. Such a panel might include: (1) A new parent; (2) a recently divorced parent; (3) a parent whose role has just changed (such as a mother formerly at home who becomes a working mother and thereby half of a working couple); (4) a parent of a handicapped child.
- Introduce the panel. Ask each member of the panel to:

  -Introduce himself or herself.

  -State what the change in his or her life has been. Indicate what loss each has experienced. For example: (1) New baby--loss of freedom; (2) single parent--loss of spouse or marriage; (3) working couple--loss of traditional roles; (4) handicapped child--loss of "normal" baby.

  -Relate his or her experience to each stage of the grief cycle.

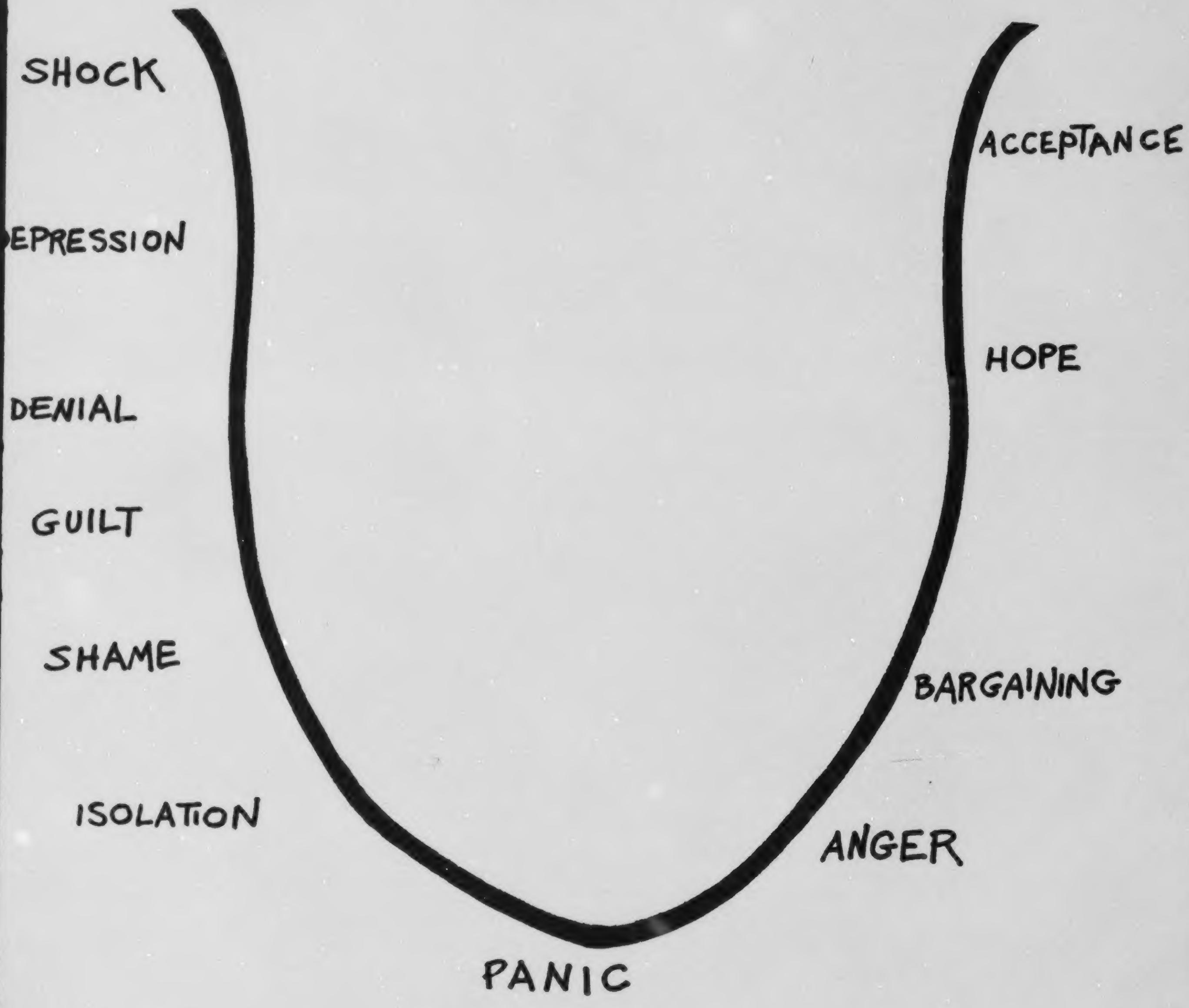
  -Indicate which stages were most difficult.

  -Indicate how he or she was supported or not supported.

  -Indicate what stage of the grief cycle he or she is currently in.

- End panel discussion with comment that at different points in our lives we experience a loss and may, to varying degrees, experience portions of the grief cycle.

"GOOD" GRIEF CYCLE


SHOCK
DEPRESSION
DENIAL
GUILT
SHAME
ISOLATION
PANIC
ANGER
BARGAINING
HOPE
ACCEPTANCE

Parent Presentation

The parent presenter should:

- Tell the audience something about your handicapped child: What is the handicapping condition? How old is the child today? At what level is the child functioning?
- Relate your grief cycle experience:
    - -How did you come to find out?
    - -What were your families' reactions?
    - -How did you react to the news?
    - -Did you ever feel ashamed or embarrassed in public places?
    - -Did you cut yourself off from some friends and family?
    - -Were you ever angry? At whom?
    - -What changed the downhill trend for you into the upward swing of the grief cycle?
    - -How are you doing now?
- Explain how your needs were alike or different from the ones listed in the text of the professional presentation (emotional support, information, positive action).

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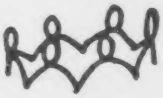
Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide if you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

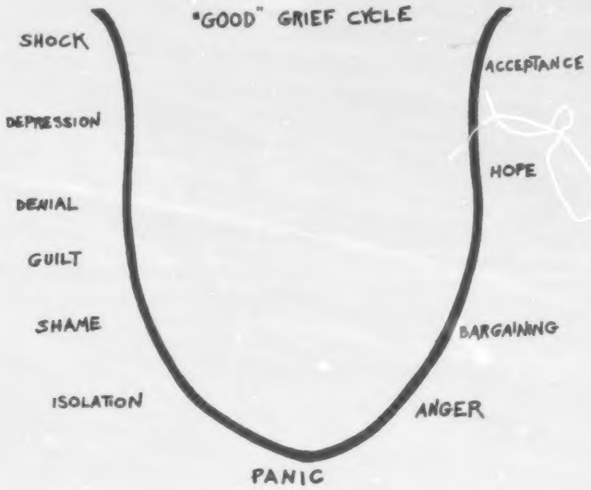
- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the group is planned as a discussion starter, and encourage your group to ask questions, volunteer personal information, and speak out.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions:

1. If you have a handicapped child, can you identify your own stages in the grief cycle?
2. The parents of an infant with Down's Syndrome continually visit doctors and clinics to discuss the child's prognosis. They have not made any attempt to enroll the child in an infant development program. Where in the grief cycle would you guess that these parents are?
3. Mary is four years old. Her parents are in the process of getting a divorce and Mary has started throwing temper tantrums. Is the little girl experiencing grief? What steps might she go through and what do her tantrums mean?
4. A "hidden handicap" is one where the child looks normal, with no apparent disability, but he or she is behind in certain areas of growth. For example, take a three-year-old child who doesn't speak, and only points and gestures. His hearing is fine and nothing physical is wrong. Would this condition be harder to deal with than an identified handicap?
5. A three-year-old child, named John, is a near-drowning victim. Once a normal child, he now has brain damage that has left him unable to walk, and he communicates only by means of gestures and a communication board. Is this type of handicap harder for parents to deal with?

Parent Summary Sheet

Most parents are terribly shocked when they learn that their child has a handicap. Before accepting this condition, most parents must work through a normal series of emotional reactions called the Grief Cycle.



Most handicapped youngsters can lead a full life, and their parents' lives can be enriched by the challenge of raising such a child. Parental attitudes toward a child's handicap determine the way the child develops. In order to maintain constructive attitudes toward their handicapped child, parents need:

1. Emotional support from each other; other parents, and organizations; community agencies; or private, individual, or group counseling.

2. Information regarding all tests and results, the causes of the handicap, the diagnosis, and the prognosis.

3. Positive action program that may include therapy, infant stimulation, schooling, classes for parents, and additional reading and research.

Parents can be helped to think positively if they:

- Rethink assumptions about handicapped persons and reassess values of what is important in life.
- Look at the handicapped child's total growth and special gifts.
- Learn how to meet the needs of special children within the family.
- Continue to adjust to special problems.
- Continue to change and grow as a parent.

Remember, knowledge gives confidence.

When asked to numerically rank 10 handicaps in the order of the most severe (numerical rating of 10) to least severe (numerical rating of 1), it was found that parents of handicapped children tended to rank handicaps other than that of their own child as more severe. Conclusions can be drawn that if one has more knowledge of and experiences day-to-day contact with a specific disability group, these factors tend to diminish the disability in the eyes of the person doing the ranking.

SUGGESTED READINGS

Ayrault, Evelyn West. *Growing Up Handicapped: A Guide to Helping the Exceptional Child.* New York: Seabury Press, 1977.
This book covers the development of a handicapped person from childhood to adulthood. It addresses parental acceptance of a handicapped child.

Buscaglia, Leo. *The Disabled and Their Parents: A Counseling Challenge.* New York: Charles B. Scribner, Inc., 1975.
This book covers many aspects of parental and family reactions to a disabled child, with positive suggestions for acceptance.

Greenfeld, Joseph. *A Child Called Noah.* New York: Holt, Rinehart, Winston, 1972.
A parent of an autistic child traces his feelings and experiences in trying to understand and accpt his child's handicaps.

Turnbull, A., and R. Turnbull. *Parents Speak Out: Views from the Other Side of the Two-Way Mirror.* Columbus, Ohio: Charles E. Merrill Publishing Co., 1978.
Professionals who are parents of handicapped children speak as parents about their feelings toward parenting their special children.

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Books

Ayrault, Evelyn. *Growing Up Handicapped: A Guide to Helping the Exceptional Child.* New York: Seabury Press, 1977.

Barsch, Roy H. *The Parent of the Handicapped Child: The Study of Child-rearing Practices.* Springfield, Illinois: C. Thomas Publishing Co., 1968.

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Buscaglia, Leo. *The Disabled and Their Parents: A Counseling Challenge.* Thorofare, N.J.: Charles B. Slack, Inc., 1975.

Carter, Elizabeth, and Monica Orfanidis. *The Family Life Cycle.* New York: Halstead Press, 1980.

Spinetta, John, and Patricia Deasy-Spinetta. *Living with Childhood Cancer.* St. Louis, MO: C. V. Mosby, 1981

Turnbull, Ann, and Rutherford Turnbull. *Parents Speak Out: Growing With a Handicapped Child.* Columbus, Ohio: Charles E. Merrill Publishing Co., 1978.

Audiovisual Materials

I'll Dance at Your Wedding. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD. Video cassette, 3/4", 29 minutes.
The mother of a deaf baby doesn't want to take the baby to a wedding. The mother attends the wedding and meets a fourteen-year-old deaf boy and his parents, who are shown as supportive.

Sharing the Experience with Gavin. Stanfield House. 16 mm color, 28 minutes.
The birth of a handicapped child, Gavin, results in the hospital and community working closely together with parents and grandparents to give Gavin the best possible start in life.

We're in This Together: Understanding the Feelings and Attitudes of Siblings/-Extended Family Toward the Special Child.

Objectives

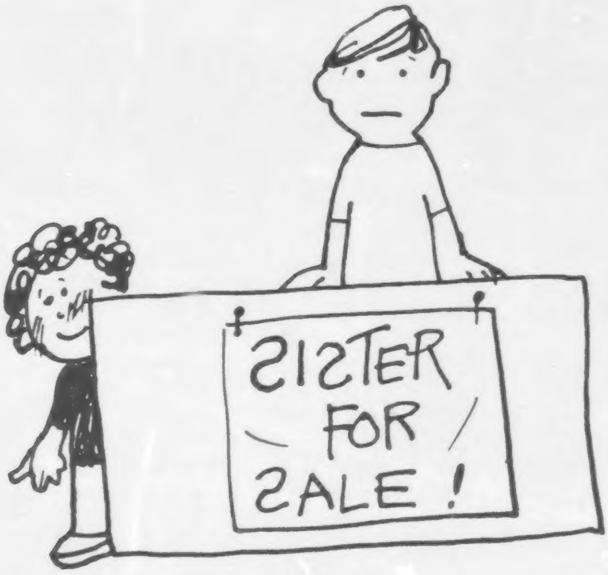
AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To understand some of the dynamics behind sibling rivalry.	73	10 minutes
Professional Presentation	To learn about the special feelings that siblings have for their handicapped brother or sister.	75	40 minutes
	To provide some suggestions to lessen constant sibling battles.		
	To learn about the role of grandparents, aunts, uncles, cousins, friends, and neighbors in the extended family of a handicapped child.		
Parent Presentation	To show how a bond of loyalty can be formed between all people in the family unit.	84	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To understand how a child's place in the family birth order can affect family dynamics.	85	40 minutes

Overview

The birth of a baby into a family can be a blessing or a trauma. Handicapped or not, the baby can make other family members feel jealous of, competitive with, and angry at each other some of the time.

Brothers and sisters soon realize babies can invade their rooms and play with their toys. Learning to share their parents' love is even harder. Grandparents, aunts, uncles, neighbors, and friends--sometimes called the "extended family"--don't hesitate to offer advice and share the wisdom of their experience.

Under ordinary circumstances, sibling rivalry and overly concerned extended family members can be frustrating. However, when the baby brought home from the hospital is handicapped, the interactions between family members become increasingly difficult. How these interactions are dealt with makes a difference between productive family patterns and destructive ones.


SISTER FOR SALE !

Introductory Activity

The professional presenter should:

- Tell participants that today's topic will deal with brothers and sisters within the family, and the first thing the group will do is recall how it was in our own families as we were growing up.
- Note that sibling rivalry is unique to cultures where competition and being "Number One" are stressed. In some Indochinese cultures, for instance, it is considered an honor to care for one's brother or sister. In the American culture, sibling rivalry is a normal, not pathological, process and is simply reflective of the culture at large.
- Pass out the preprinted cards, "Sibling Rivalry." Ask each participant to fill out the card in the next few minutes. Have extra pencils available.
- Allow five minutes for completing the card. While participants are writing, write on the chalkboard "Reasons for Fighting" and "Feelings Involved." Allow enough space on the board for writing in several answers.
- At the end of the time period, ask for volunteers to share some reasons why they fought with their siblings. List reasons on the board.
- Ask for volunteers to share the emotions or the feelings they had when they fought. List these feelings or emotions on the board.
- Ask if anyone present has a handicapped brother or sister. If someone speaks up, ask if his or her experiences were the same as those that others have described. Ask if he or she could add to the "feelings" list.
- If no one speaks up, ask participants to imagine what additional feelings they might experience with a handicapped brother or sister in the family.
- End the activity with the thoughts that (1) Children fight about a variety of things, but the same basic feelings are involved; and (2) Siblings of the handicapped, although they share some of the same reasons for fighting and feelings, also have to contend with additional fears.

Professional presenter: Use "Sibling Rivalry" card, shown below, during introductory activity discussion.

SIBLING RIVALRY

Are you an: ___only child ___oldest child ___middle child ___younger child

Do you have a handicapped brother or sister? ___ Yes ___ No

Tell about one incident of sibling rivalry in your family that occurred while you were growing up. ______________________________

____

____

____

____

What are some feelings you remember experiencing when you and a brother or sister fought? ______________________________

____

____

____

If you are an only child, why do you think siblings fight? ______________________________

____

____

____

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Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which materials will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual equipment, materials, supplies, and room equipment.

BIRTH ORDER CONSEQUENCES?

BIRTH ORDER

(Before starting the presentation on birth order, the professional presenter should ask if any participant is from a family of three or more children. If so, list those children's names on the board and have the participant describe those siblings. It is likely that the participant's description will have some similarities with the presentation that follows.)

Each child, depending on the order in which he or she is born into the family, experiences an environment that is entirely different from one's siblings. That is why even though a brother and a sister may have the same parents and genetic potential, they can develop very different personality traits. Much research has been done recently on birth order and the effect it can have on a child's development. The research considers that variables such as miscarriage, death of a child, years between births of children, or presence of stepchildren can influence birth-order characteristics. For example, if a severely handicapped child is oldest and a nonhandicapped child youngest, their birth-order characteristics may be reversed with the youngest child taking on characteristics of the eldest. In general, the following characteristics are considered to be affected by birth order:

- In the absence of competition, the ONLY CHILD seems to abound with selfconfidence. These children are usually dominant, verbal, and perfectionists. They don't seem to be jealous, because their position in the family has never been threatened. Overachieving and eager to please authority figures, they remain close with their parents even into adulthood.
- The OLDEST CHILD is disciplined more strictly and can develop a stringent conscience. These children are likely to be more rigid and intolerant of others who don't measure up. Overachieving, tense, and driven, they go to school longer than children born later. They may be more jealous and nag more than middle and youngest children.

- A MIDDLE CHILD is characterized as being diplomatic and a good negotiator. These children are usually more friendly and better able to maintain relationships later in life than firstborn children. Parents tend to be less demanding of the middle child. As a means of defining himself or herself, a middle child may choose a path very different from that of a firstborn. The central birth position seems to affect girls more strongly than boys. The most difficult position seems to be the one in the middle of a family of three girls.
- Because no further children come along to displace him or her, the YOUNGEST CHILD is charming, a good companion, playful, and lighthearted. These children have many teachers and role models. They are likely to walk, talk, and read earlier than their older brothers and sisters. Driven by the need to keep up with older siblings, they may lose their confidence if older siblings present too many challenges. They can expect others to take care of them and may avoid real tests of their ability by wiggling out of difficult situations.

The professional presenter can ask these questions to promote discussion:

1. How does this presentation fit with your family members' positions of birth?
2. What is the position of your spouse in his or her family? What effect does that position have on your relationship?

SIBLING RIVALRY

Brothers and sisters *naturally* seem to want to squabble, bicker, tease, and torment each other. The younger child is fascinated by the older one and tries hard to keep up. The older child senses his or her power and may boss and manipulate the younger one. It's not that they don't love each other--they usually do--but each child wants to be the *best*, the *first*, the *most important*, and the *most loved*. It's called sibling rivalry.

Yes! Mine! No!

Parents can't stop this rivalry, but they can try these suggestions:

1. *Try to let children solve their own differences.* When parents remove themselves from the fighting, children become bored and may try to cooperate with each other.

2. *Provide children with thier own place and their own possessions.* If children have some things they can call their own, sharing the affective things, such as love and attention, may not be so hard.

3. *Give each child undivided attention and some time each day.* To help the child feel more secure, parents should try to find some time alone with each child.

4. *Plan activities children can do together.* If fighting is prolonged at any one time, parents can help plan a new activity that stresses cooperation.

5. *Remember each child is unique.* Parents should make an effort to refer to their children by name, not "the boys," "the girls," or "the kids." They should know they are loved for the special qualities they have.

6. *Problem-solving techniques or family meetings should be tried.* The entire family can be involved in using these techniques or when holding meetings.

7. *Parents should remember that feelings are being expressed.* While the squabbles between children are sometimes difficult to endure, feelings are being expressed, which is a positive attribute in terms of the child's emotional development.

Brothers and Sisters of the Handicapped Child

Sibling rivalry becomes even more complex between handicapped and nonhandicapped children. The normal child has every right to a variety of feelings, and parents need to recognize how sensitive youngsters are toward a handicapped sibling. Parents need to use skills of active listening in order to let the nonhandicapped children express their feelings.

Suggested Activity 1

The professional presenter should:

- Obtain the book entitled *My Brother Steven Is Retarded,* by Harriet Sobol.
- Decide whether you will read the pages to the participants, or whether to project the pages onto a movie screen using an opaque projector.
- Show or read each page, which has about two sentences per page.
- Ask participants to volunteer answers to the questions, "What are the concerns expressed by Beth about her brother, Steven?" List some of the concerns on the board.

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- Use the following list of concerns to supplement the discussion:

  - -Children may resent the extra attention that is required when a handicapped child is in the family.
  - -Children may feel deprived of material things because of the financial burden on the parents.
  - -At an older age, children may feel deprived of the companionship experienced in a normal brother/sister relationship.
  - -Children may wonder if the handicapping condition is contagious and fear that if they stand too close to their sibling it will happen to them.
  - -Children may experience ambivalent feelings, such as anger, hate, and anxiety, and then feel guilty about their thoughts.
  - -Children may worry about bringing their friends to the house, and having to explain why their brother or sister is different.
  - -Children may feel embarrassed when the family goes out together, and fear being stared at or teased.
  - -An older child may question the heredity factor and ask what implication there will be for his or her future family planning.
  - -Children may worry about what will happen to the disabled sibling when he or she grows up; where he or she will live; and who will take care of him or her.
  - -Children may resent it if they have had too much responsibility for the care of the handicapped sibling placed on them.
  - -Children may blame their parents, or their mother in particular, if a sibling is disabled at birth.

- End the activity with the thought that parents can help the nonhandicapped child(ren) cope with these problems. Depending on the age of the child, the handicapping condition should be explained and all questions answered honestly. Suggest to parents:

  - -Try to give quality time to the sibling to compensate for the extra time provided to the handicapped child.
  - -Make sure you are being fair to all your children, and treat them as equals as much as possible.
  - -Try not to ask a sibling to take care of the handicapped child too often, and yet ask for some help with activities that are not too much of a burden.

Parents may see this as a juggling act, trying to balance their time, energy, and love between their handicapped and nonhandicapped children. But every family member is important, and hopefully, with their parents guidance, a bond of loyalty can be formed between all siblings in the family unit.

THE EXTENDED FAMILY

Grandparents

When a grandchild is born with a handicap or becomes handicapped as a result of an accident, the grandparents experience many of the same grief-cycle reactions as parents. Perhaps they may feel a little more helpless because they are not as actively involved with decisions that affect the child. Their emotions may be more complicated because they still harbor protective feelings for their children (the parents) and so they feel a double grief.

The role of grandparents may vary from family to family. Some are very vocal and want to give parents advice about what course of action to take. Others may be more passive, offer occasional babysitting, and make suggestions at appropriate times. Parents should decide together how best to handle the doting, too vocal, or rejecting grandparent(s). Remember that parents cannot be responsive to the emotional needs of the extended family unless they themselves are prepared.

Aunts, Uncles, and Cousins

The handicapped child is usually part of a whole family clan who may be uncomfortable in knowing how to deal with the situation. If the handicap is an obvious one, aunts, uncles, and cousins are likely to understand and be sympathetic. If, however, the disability is not noticeable in physical traits but manifests itself in behavior such as hyperactivity or aggressiveness, these extended family members may be less likely to understand the problem and not want to be around the child. Parents should make every attempt to inform aunts, uncles, and cousins about the handicapping condition and structure family reunions to minimize disruption.

Friends and Neighbors

Family members of a handicapped child must also face neighbors and friends with their dilemma. Parents may worry about explaining the handicap in a simple manner so as not to have to go into a lengthy discourse. They may worry about other children teasing or staring at the disabled child. At the same time, friends and neighbors wonder how to approach the family and what to tell their children, for fear of doing something that might hurt the family even more.

What is most important to remember is that play and socialization are vital for the handicapped child to develop emotionally, regardless of his or her level. If neighbors' or friends' children are available to play with the child, every effort should be made to provide constructive play time. Play will help the handicapped child's body control, walking, motor skills, and language development, as well as provide neighborhood children with insight and experiences that may follow them into adult life.

Lois P. Elias in the magazine article "Jason and the Neighborhood Kids" (*Exceptional Parent*, December, 1980) gives parents some suggestions for structuring time with friends and neighbors:

1. Maintain a close relationship with neighbors and friends. They must know you are available to them when they have questions or when a problem arises.
2. Provide some extras when the children play at your house, such as snacks or an impromptu trip to the park.
3. Steer the children toward the type of play and toys that provide much interaction, such as cars, costume play, dressing-up, play dough, and the sandbox. Be sure the handicapped child can participate in the activities. A retarded child who is not physically impaired might play more vigorous games. A child with Spina Bifida might need play that includes lots of language rather than movement.
4. Be flexible about play time. The child with special needs usually spends a lot of required time in school, therapy, and medical appointments. When children come to play and your child is ready, see if you can postpone dinner or an errand for a few minutes.
5. All children are bullied at some time. Don't overact when this happens just because he or she has a disability.
6. If your handicapped child is invited over to a neighbor's house, be sure the other mother knows of special medical conditions associated with the handicap, such as cerebral palsy, seizures, or heart condition, and knows where you can be reached at all times.
7. Be sure your child is nicely groomed when he goes out visiting. Put him or her on the toilet or in a clean diaper before he leaves, with hands and clothes clean, and hair washed.
8. The child with exceptional needs might have to be taught directly how to be a better playmate. Work on the concept of taking turns.
9. For families who live in rural areas, try to arrange to entertain playmates at leas one day each week.

Researchers seem to agree that the parent's attitude toward the child with a disability will manifest itself in the attitude the immediate and extended family develop. Parents should make every effort to understand their own feelings toward the handicapped child so they can insure acceptance within the extended family group.

FAMILY BALANCE

Developing family balance is not easy. It is difficult to treat everyone fairly and to provide opportunities to fulfill the needs of all family members. It's hard to balance the workload among family members so that no one is overburdened.

When there is imbalance, the needs of some family members are not met. There is a lack of cooperation, communication, and planning. An imbalanced family is one in which some family members have more rights and priviliges than others. This type of family can be called a *handicap-centered family*.

But many families have a good deal of balance. A *balanced family* philosophy is usually based on a set of ideas in which both parents aim to create as normal a family life as possible, recognizing the rights, needs, and preferences of each family member. Parents agree that their handicapped child is not a privileged character in their home. They also agree that they will not do for the child what he or she can do for himself or herself and will help the child become as self-sufficient as possible.

Suggested Activity 2

The professional presenter should:

- Tell participants you are going to read some statements that will exemplify either the *handicap-centered family* or the *balanced family* philosophy.
- On the chalkboard, write the two philosophy titles. Begin reading the following statements, allowing time for participants to make their choices.
- Ask participants to indicate by a show of hands as to which category each statement belongs. Discuss reasons for choices.

  -I'm going to check with grandma to see if she's available to babysit Friday night.

  -Don't talk to me about being embarrassed because your brother is handicapped. You'll just have to live with it.

  -You can't go to the party because your brother has a doctor's appointment and you have to go with me to help.

  -I'll call and see if I can change your brother's doctor's appointment to another day so you can go to the party.

  -I know you'd like to go to Disneyland. Let me call there and see what provisions they have for the handicapped.

  -I really don't think the neighborhood kids should play here. They play too rough around your brother.

  -My neighbor is always saying "If there's anything I can do...", so I think I'll ask her to come with me to John's next doctor's appointment to give me emotional support.

  -I spent some time with my sister today and took time to explain John's diagnosis and what his treatment will be.

  -When a neighbor child said, "We don't want John to play near us because he puts our toys in his mouth," I called his mother and told her he was not welcome here anymore.

  -My general philosophy is, "A handicapped child in the family means a handicapped family."

- End the activity with the thought that with openness and honesty, a family can make progress toward family balance.

Suggested Activity 3

The professional presenter should:

- Have available *one* of these suggested audiovisual presentations: (1) Slide/soundstrip, "Family Balance," (2) Film/soundstrip, "Support From the Family," or (3) Motion picture film, "It's Harder for Patrick."

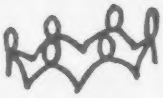
- At the end of the audiovisual presentation, discuss how members of the extended family can help the immediate family cope with the stress of a handicapped child.
- Check to see if any of the kits has a discussion guide if there is more time for specific discussion.
- End the activity with the thought that individual feelings from each area of the extended family will have an effect on how the parents of the handicapped child cope.

Parent Presentation

The parent presenter should:

- See if it would be possible to bring in a sibling or a grandparent of a handicapped child. Perhaps a panel could be arranged. If a panel of siblings is arranged, these children or young adults could talk about how they feel about their position in the family--advantages and disadvantages--and how having a handicapped sibling has affected them. They might also state what they want their parents to do when they fight with their handicapped siblings.

Small-Group Activity



The professional presenter should:

- Ask participants to break up into small groups. Decide how you will divide group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure that the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to rearrange their seating in the group in this circular manner: Ask the OLDEST children of each family to seat themselves to the left of you; then the MIDDLE children of each family; and then the YOUNGEST children. Complete the circle by asking the ONLY children of each family to seat themselves to your right, (meeting up with the youngest ones).
- Ask each participant to tell how it is to be in a particular birth order in a family. Allow time for participants to talk to each other.
- Ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. What differences would there be if the older child in a family was the handicapped one and the younger child the normal one, versus the older child normal and the younger child handicapped? Which situation would you choose for your own family? Why?

2. What would you like your friends and neighbors to tell their children about your handicapped child? What phrases would you like used to explain it? How do you feel about the following explanations?

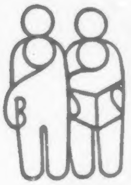
   "He was sick when he was in his mommy's tummy. When he was born the doctor could see that he wasn't all right, and now he is going to school to get better."

"God didn't finish him. He forgot part of his brain. His muscles, eyes, and ears don't work right. He'll never be as good as you, run and jump like you, or be as smart as you."

3. What do you do when your children argue? If you're not pleased with your current approach, how could you change?

4. How have you included grandparents, aunts, and uncles in your family?

Parent Summary Sheet



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Under ordinary circumstances, sibling rivalry and overly concerned extended family members can be frustrating. However, when the baby brought home from the hospital is handicapped, the interactions between family members become increasingly difficult. How these interactions are dealt with makes a difference between productive family patterns and destructive ones.

SIBLING RIVALRY

Here are some suggestions for dealing with sibling rivalry:

1. Children benefit from solving their own differences.
2. Give each child certain things and places they can call their own.
3. Each child deserves some time alone with you each day.
4. Keep on hand certain activities that stress cooperation for a change of pace.
5. Call each child by his or her name. Emphasize that each child is unique.

Remember, sibling rivalry is natural and is a part of growing up.

THE EXTENDED FAMILY

Grandparents

Grandparents go through similar reactions and grief feelings as parents. Grandparents may be helpful and supportive or critical and pushy. Parents need to decide together how they will deal with the grandparents in order to keep the family on an even keel.

Aunts, Uncles, and Cousins

At family gatherings, parents may be uncomfortable about bringing the handicapped child with them. A positive course of action seems to be to bring the child, explain what the handicapping condition is, and plan the best way to structure the outing.

Friends and Neighbors

Play and socialization are important to your child's growth. Parents should encourage their nonhandicapped children to interact with the handicapped child in the family.

How to Structure Neighborhood Play

1. Let neighbors and friends know you are available if a problem arises.
2. Children love treats when they play.
3. Steer play activities toward interaction so the handicapped child gets to play.
4. Be flexible about play time.
5. If your child is invited to another child's house, be sure he or she is well groomed and toileting is taken care of.
6. Work with your child on activities that emphasize taking turns.

*My Brother Steven Is Retarded**

"There are other times when I feel different from everyone else and sort of strange. Maybe it's because of my brother, Steven."

"I wish Steven could do more for himself so my mother and father wouldn't have to spend so much time with him."

"Lots of times I feel sorry for Steven. My mother and father say that they feel sorry that he's retarded, too. They say we will always be sad about it, but there's really nothing anyone can do to change it."

---

*Sobol, Harriet, *My Brother Steven Is Retarded.* Macmillan, 1977.

SUGGESTED READINGS

Baldwin, Ann. *A Little Time.* New York: Viking, 1978.
Sympathetic interaction between four children and their four-year-old retarded brother.

Cleaver, Vera and Bill. *Me, Too.* San Francisco: Lippincott, 1973.
Twin sister of a handicapped girl tells her feelings of guilt, shame, and frustration.

Sobol, Harriet. *My Brother Steven Is Retarded.* Macmillan, 1977.

Bibliography

Books

Ayrault, Evelyn. *Growing Up Handicapped: A Guide to Helping the Exceptional Child.* New York: Seabury Press, 1977.

Brown, Dianne. *Developmental Handicaps in Babies and Young Children: A Guide for Parents.* Springfield, IL: Charles C. Thomas, 1972.

Featherstone, Helen. *A Difference in the Family: Life With a Disabled Child.* New York: Basic Books, 1980.

Murphy, Albert. *Special Children, Special Parents: Personal Issues With Handicapped Children.* Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1981.

Sobol, Harriet. *My Brother Steven Is Retarded.* Riverside, CA: NACAC, 1977.

Stein, Sara. *About Handicaps.* New York: Walker & Co., 1974.

Strategies for Effective Parent-Teacher Interaction. The Parent Involvement Center. Albuquerque, N.M.: University of New Mexico.

Audiovisual Materials

Family Balance. Slide/soundstrip.
Presents parental skills for parents of handicapped children. Deals with barriers to family balance and how to develop a more honest and open approach.

It's Harder for Patrick. Films, Inc. 16 mm color, 7 minutes.
A portrait of how a retarded child and his family cope by means of love and understanding. Patrick's older brother and sister share much of the responsibility for Patrick and talk about their feelings.

Special Needs, a Special Love: Children With Handicaps, Families Who Care. (Set 1: Support from the Family.) Parent's Magazine, 1976. Filmstrip/audiocassette.
Discusses the attitudes of extended family members and the importance of their support to the parents of the handicapped child.

War and Peace: A Discussion Guide (Part II). Footsteps Series, University Park Press, International Publisher in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, M.D.

HELP: Reducing Family Stress

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To help participants identify areas of possible stress in their own lives.	95	10 minutes
Professional Presentation	To develop an awareness of some of the causes of stress. To become aware of some ways to deal with stress.	97	40 minutes
Parent Presentation	To hear the personal account of a parent who deals with the stress of a handicapped child.	107	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To allow participants to balance all the components of happiness and reduce stress.	108	40 minutes

Overview

"No one can live without experiencing some degree of stress all the time. You may think that only serious disease or intensive physical or mental injury can cause stress. This is false. Crossing a busy intersection, exposure to a draft, or even sheer joy are enough to activate the body's stress mechanism to some extent. Stress is not necessarily bad for you; it is also the spice of life, for any emotion, any activity causes stress. But, of course, your system must be prepared to take it. The same stress which makes one person sick can be an invigorating experience for another."

--Hans Selye, *The Stress of Life*

Introductory Activity

The professional presenter should:

- Tell participants that stress is closely related to life-change events, whether negative *or* positive. A divorce is stressful, but so is a marriage. Getting fired is stressful, but so is a promotion. To illustrate, we're going to rate ourselves on the amount of stress in our lives.
- Pass out handout, "Social Readjustment Rating Scale."
- Have extra pencils available.
- Explain that on the handout each life event has been given a point value. Life events with higher point values, indicating a major life change, are listed first.
- Allow five minutes to complete handout.
- At the end of the time period, ask participants to add up their life-change scores and consider the possible results.
- Indicate that in previous studies, 37 per cent of people experienced mild life crises, 51 per cent experienced moderate life crises, and 12 per cent experienced major life crises in one year's time.
- End the activity with the thought that outside stress has a physiological basis, but there are ways to cope. Knowing you are under stress and what causes it makes it easier to deal with.

SOCIAL READJUSTMENT RATING SCALE*

Circle the point values of life events that you have experienced in the last year. Total your points, then look at the information on scoring given below.

1.	Death of spouse	100
2.	Divorce	73
3.	Marital separation	65
4.	Jail term	63
5.	Death of close family member	63
6.	Personal injury or illness	53
7.	Marriage	50
8.	Fired from job	47
9.	Marital reconciliation	45
10.	Retirement	45
11.	Change in health of family member	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Gain of new family member	39
15.	Business readjustment	39
16.	Change in financial state	38
17.	Death of close friend	37
18.	Change to different line of work	36
19.	Change in number of arguments with spouse	35
20.	Mortgage over $10,000	31
21.	Foreclosure of mortgage or loan	30
22.	Change in responsibilities at work	29
23.	Son or daughter leaving home	29
24.	Trouble with in-laws	29
25.	Outstanding personal achievement	28
26.	Wife begins or stops work	26
27.	Begin or end school	26
28.	Change of living conditions	25
29.	Revision of personal habits	24
30.	Trouble with boss	23
31.	Change in work hours or conditions	20
32.	Change in residence	20
33.	Change in schools	20
34.	Change in recreation	19
35.	Change in church activities	19
36.	Change in social activities	18
37.	Mortgage or loan less than $10,000	17
38.	Change in sleeping habits	16
39.	Change in number of family get togethers	15
40.	Change in eating habits	15
41.	Vacation	13
42.	Christmas	12
43.	Minor violations of the law	11

YOUR TOTAL SCORE: ____________

Score Range	Crisis Range	Possible Results
150 - 199	Mild life crises 37%	You may experience an appreciable change in your health.
200 - 299	Moderate life crises 51%	You may experience an appreciable change in your health.
300+	Major life crises 12%	About 4 of 5 people will feel ill within the following year.

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* From Dr. Thomas H. Holmes, Professor of Psychiatry, University of Washington.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

STRESS

Stress is the nonspecific response of the body to any demand made upon it. Stress has its own characteristic form but no particular specific cause.

Hans Selye, as a young physician, noted that many patients who came seeking medical attention exhibited certain similar symptoms--such as tiredness, irritability, insomnia, and mild depression--*before* they actually became acutely ill. After repeated observations of this "pre-illness" syndrome, Selye became aware that this was, indeed, a specific response of the body, which he later identified as the stress syndrome.

Selye says, "No one can live without experiencing some degree of stress all the time. Stress is not necessarily bad for you. It is also the spice of life, for any emotion, any activity causes stress. But of course your system must be prepared to take it. The same stress which makes one person sick can be an invigorating experience for another."

INTERNAL STRESS

In addition to external causes of stress (see "Social Readjustment Rating Scale"), one needs to look at internal causes of stress that usually relate to a particular style or personality. Some personalities lend themselves to more tension and stress. Friedman and Roseman, authors of *Type A Behavior and Your Heart*, have divided personality types into Type A and Type B.

Suggested Activity 1

- Tell participants that you're going to hand out some characteristics that exemplify these Type A and Type B behaviors.
- Pass out handout, "Type A and B Behavior Patterns" (4-1).
- Ask participants to check those characteristics that pertain to them.
- Allow five minutes to complete handout.
- Read each statement out loud and tell whether it is representative of Type A or Type B behavior. Refer to the key that follows:

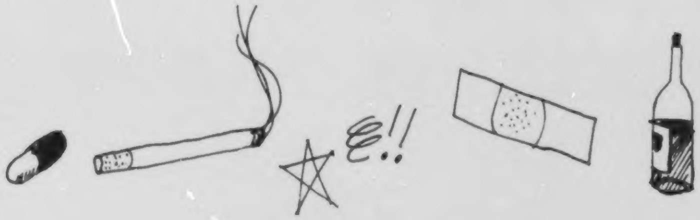
KEY--Type A and Type B Behavior Patterns

1 - A
2 - B
3 - A
4 - A
5 - B
6 - B
7 - A
8 - A
9 - B
10 - B
11 - A
12 - A
13 - B
14 - A
15 - A

- Ask participants to judge whether they have chosen more Type A characteristics or more Type B characteristics.
- End with the thought that each personality style has its positive and negative attributes. The issue for each person is to become aware of whether or not those attributes are being used in a positive manner. To try to change one's basic temperament or style is a stressful endeavor in itself. Rather, one should be encouraged to work *with* one's temperament, and move in directions that allow one to use his or her potential while maintaining a healthy balance in life.

WARNING SIGNS OF STRESS

Having considered some of the causes of stress from the environment (external) and from within oneself (internal), it is also possible to consider some of the warning signs. These signs usually become apparent in physical manifestations, psychological and emotional manifestations, and behavioral manifestations.



Suggested Activity 2

The professional presenter should:

- Write on the chalkboard the three warning areas: Physical Manifestations, Psychological and Emotional Manifestations, and Behavioral Manifestations.
- Ask participants, "When you feel stressed, how does your body show it?", or "What are some examples of these three warning-sign areas?"
- Write participants' suggestions under the proper category.
- Use presenter's list, "Warning Signs of Stress" (4-2), for ideas to supplement the discussion.
- End activity with the thought that participants need to realize that these physical, psychological, and behavioral warning signs are important and serious indications of a stressful life style.

DEALING WITH STRESS

We have discussed some of the physical manifestations of stress and talked about some of the environmental conditions and personality traits that influence stress levels in our lives. Now, let us discuss three major means by which we can reduce stress in our own lives:

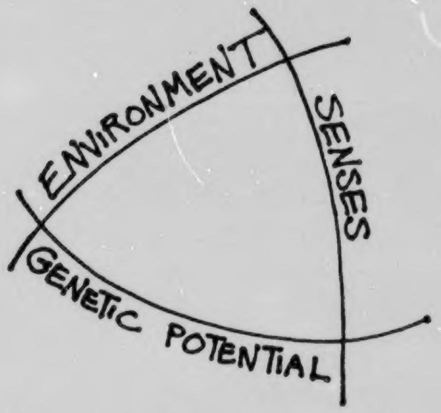
1. *Proper exercise.* Exercise can help us in two important ways. It can help us relieve otherwise "pent-up" tensions and it can help us to relax.

   It is important to choose the kinds of exercises that suit you and your family. Children, as well as adults, should come to see exercise as a positive, pleasurable activity. It's best to select a variety of exercises, including aerobic, stretching, building, and toning exercises. Exercise can be found in such activities as dancing, jogging, tennis, and swimming or at health clubs where you can exercise on a regular basis. Remember, the exercise you choose should be whatever is best suited to you and your interests.

2. *Diet. How* we eat may be as important as *what* we eat. Pay attention to and enjoy your food. Often, family mealtimes are times of talking about things that are stressful. Much information has been written on proper nutrition. As with exercise, it is important to choose foods that suit your needs and *lifestyle.* One does not want to become stressed in selecting a proper diet.

3. *Positive sense of health.* (Allow extra time to discuss this topic.) What *is* health? One person's idea of health may differ somewhat from that of another person. According to Paul Brenner, health is a question of balance. Nobody has "chronic health." As in all areas of life, one's health is a matter of rhythm, of ups and downs, of light and shadows. Biologist Paul Saltman, of the University of California at San Diego, considers the boundaries within which we live out lives, as he provides information to help you achieve good health for you and your family.

BOUNDARIES WITHIN WHICH WE LIVE OUR LIVES



The boundary of "genetic potential" means that we are born with certain genetic tendencies that cannot be changed at this point in time. We can, however, have control over factors that are related to that genetic makeup. We will develop according to a genetic pattern-- how quickly or in what manner depends on how we treat our body. For example, *genetically*, if I know that there has been a strong history of heart disease for several generations in my family, I can expect that I, too, may develop that disease. Therefore, I can try, by proper diet, exercise, and stress management, to slow down the process toward which I am genetically inclined.

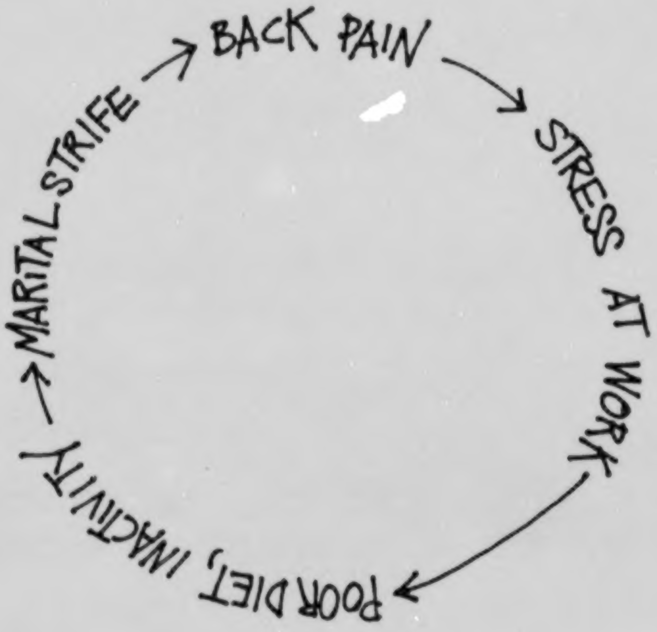
The "environment" boundary means that the physical, chemical, and psychological environment in which we live has a profound effect on our physical and mental health. For example, *environmentally*, I can choose to create an environment that is conducive to proper exercise and diet for my own well-being and that of my child. By choosing to avoid or tolerate chemical air pollutants, whether from factories or cigarettes, I am consciously expanding or constricting the environmental boundaries of my life. To the extent that I can reduce stress, and create an atmosphere of openness, creativeness, and harmony, I can expand the environmental boundary of my life and the life of my child.

The boundary of "senses" means that physical and mental health and well-being are influenced by the information taken in by one's senses. For example, sensory stimulation, qualitatively and quantitatively, is necessary for mental and physical growth and well-being. An adult or child who lives in an environment where there is minimal sensory input will tend toward dullness and insensitivity, rather than liveliness and creativity--important components of health.

The way in which we look at illness also influences our attitudes about health. Consider these two ways to look at illness:

1. Traditional medical model: Cause → effect (illness, symptoms).

2. Wholeness model: Illness as a *process*, as shown by this diagram on back pain.



Depending on a person's view of illness, he or she will seek an appropriate solution. In the first case, a person will probably seek medical attention from outside. In the second case, a person might look for a solution (or eliminate a problem) in one or several areas of his or her life before looking to the outside for an answer.

In conclusion, health is not a given fact; it is work to be done, a challenge to be faced, and a treasure to be valued, in ourselves and in our children. In general, parents are largely responsible for their own health and for that of their children.

Stress Reduction Activities

Once we develop good health and exercise habits for ourselves and our families, it will be easier to develop a good attitude. One way to improve your attitude is to investigate what makes you stressful. We all feel better when we know exactly what we're "up against."

STRESS REDUCTION!

Suggested Activity 3

The professional presenter should:

- Tell participants that a rather simple method of dealing with stress is simply to list those things that cause stress and then eliminate them.
- Pass out handout, "Stress List" (4-3). Tell participants to list small, avoidable things that can cause stress.
- Allow five minutes to complete handout.
- At the end of the time period, advise participants to pick the easiest stress factor to eliminate first and place the number 1 by it. Which stress factor would be the next most easy to eliminate?
- End the activity with the thought that once one eliminates a small stressful situation, other situations seem easier to confront.

Other Ways to Reduce Stress

Another way to deal with stress is by diversion. You can develop a more positive attitude by reinvestigating an interest in something outside your professional work or your parental responsibilities, such as a hobby that will maintain your enthusiasm and your attention. Make time for yourself and allow yourself to enjoy life.

A more complicated method of reducing stress is called "life remodeling." Because it is difficult to find time for exercise, for good health, and for friends and relationships, you may have to change the priorities in your life to reduce stress. To be sure you are fully enjoying the areas that make you the happiest, consider how much time you spend on health, recreation, social relationships, family, awareness, and careers.

TYPE A AND TYPE B BEHAVIOR PATTERNS

Check those characteristics that pertain to you:

_____ 1. Move, eat, or walk rapidly.

_____ 2. Value leisure time.

_____ 3. Believe whatever success you have enjoyed is due to your ability to get things done.

_____ 4. Feel guilty about relaxing and "doing nothing."

_____ 5. Work for personal satisfaction rather than competition.

_____ 6. Take time to work through problems.

_____ 7. Hurry to the ends of sentences when speaking.

_____ 8. Think about business or work while on vacation.

_____ 9. Have frantic sense of time or urgency.

_____ 10. Are thoughtful and original.

_____ 11. Find it difficult to listen to others because preoccupied with your thoughts.

_____ 12. Schedule more and more activities in less and less time.

_____ 13. Allow time for quiet contemplation.

_____ 14. Do or think about three things at the same time, such as driving to work, listening to radio, and memorizing a speech.

_____ 15. Feel impatient with the rate at which most things take place.

WARNING SIGNS OF STRESS

(for presenter's use only)

Physical Manifestations

- Pounding of the heart
- Sweating
- Headaches
- Vague stomach distress, indigestion
- Diarrhea
- Dryness of the throat or mouth
- Fatigue
- Stuttering, speech difficulties
- Bruxism (teeth grinding)
- Sleep difficulties (such as insomnia)
- Loss of (or excessive) appetite
- Muscle tension
- Fidgeting
- Lower back pain
- Weakness, dizziness

Psychological and Emotional Manifestations

- Depression
- Irritability
- Free-floating anxiety
- Excessive worrying
- Nightmares
- Feelings of unreality
- Apathy
- Urge to cry or run and hide
- Nervousness
- Emotional tension (such as feeling "keyed up")
- Nervous or inappropriate laughter

Behavioral Manifestations

- Increased smoking
- Alcohol or drug abuse, addiction
- Accident proneness
- Impulsive behavior
- Yelling
- Blaming
- Inability to concentrate
- Increased use of medicines (such as aspirin, tranquilizers, and amphetamines)

STRESS LIST

List 10 small, avoidable things that can cause stress.

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

7. ____________________

8. ____________________

9. ____________________

10. ____________________

Parent Presentation

The parent presenter should:

- Give the audience some information about your child and his or her handicapping condition.
- Discuss some ongoing responsibilities, activities, and related areas that are directly related to your handicapped preschooler that cause you stress.
- Discuss the ways in which responsible attitudes toward health may have influenced stress levels for you and your family.
- Tell how the development of interpersonal relationships helps you to be less stressful, in general, in dealing with your handicapped child.
- Relate to participants whether exercise has been instrumental in reducing stress for you. If so, how?
- Tell what kinds of positive diversions you have utilized to help reduce your own stress.
- Discuss whether you have experienced guilt feelings related to your decision to spend more time on personal growth activities (such as taking up a sport or developing a hobby).

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to make sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by passing out handout, "Keeping Life in Balance" (4-4).
- Go over the five categories within the "Components of Happiness" on the handout.
- Ask participants to rank the five categories in order of their importance, then assign a percentage to the amount of present time, energy, and resources we spend on each (Part I).
- Allow some time for participants to complete Part I of the handout.
- Ask if anyone's chart looks lopsided--that is, if too much time is devoted to one or two areas.
- Ask participants to redistribute or reconstruct their "Components of Happiness" so more needs are met and less stress is present (Part II).

Allow a few minutes for participants to fill in Part II of the handout.

As time permits, ask participants to discuss the small-group discussion questions that follow this section.

At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. Using the "Social Readjustment Rating Scale" (see Introductory Activity), what life events do you share with other participants? How do these particular life events affect stress?

2. How do you see Type A behaviors as ones that will increase stress? How can these behaviors be modified?

3. Refer to your handout, "Stress List." What types of stress do you share with other participants? Brainstorm with other group participants to come up with solutions or ways to avoid or eliminate these small stresses.

4. What things can you do to make this afternoon and evening less stressful for you and your family? (It's good to deal with concrete times: "Today" is less abstract than "this week," "this month," and so on.)

KEEPING LIFE IN BALANCE

Part I: How much of my present time, energy, and resources are being spent for each of the following areas:

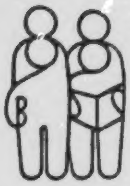
Number Rank	Components of Happiness	Percentage of Time
	Health and Recreation (diet, exercise, positive distraction)	
	Social Relationships (support systems, fun)	
	Intimacy and Family	
	Awareness and Growth (new experiences, growing, personality)	
	Career (job, occupation, feeling of security)	

Part II: How would I want to redistribute my time, energy, and resources from now on?

Number Rank	Components of Happiness	Percentage of Time
	Health and Recreation	
	Social Relationships	
	Intimacy and Family	
	Awareness and Growth	
	Career	

5

Parent Summary Sheet



"No one can live without experiencing some degree of stress all the time.... Stress is not necessarily bad for you; it is also the spice of life, for any emotion, any activity causes stress.... The same stress which makes one person sick can be an invigorating experience for another."

--Hans Selye, *The Stress of Life*

STRESS

Stress is the nonspecific response of the body to any demand made upon it.

SOME EXTERNAL CAUSES OF STRESS

Death/Divorce
Illness
Fired/New Job
Pregnancy/Baby
New House
Holidays

SOME INTERNAL CAUSES OF STRESS

Type A Personality

- Can't relax.
- Do three things at same time.
- Frantic sense of urgency.
- Think about work while on vacation.

WARNING SIGNS OF STRESS

Headaches
Fatigue
Nervous laughter
Increased smoking
Impulsive behavior
Back Pain
Irritability
Urge to cry
Increased use of medicine

Three ways one can reduce stress are:

1. *Proper exercise.* Find the kind of exercise that suits you and your family. Children as well as adults should see exercise as a positive activity.

2. *Diet.* How you eat may be as important as what you eat. Choose healthy foods that suit your family's style and *enjoy* mealtimes.

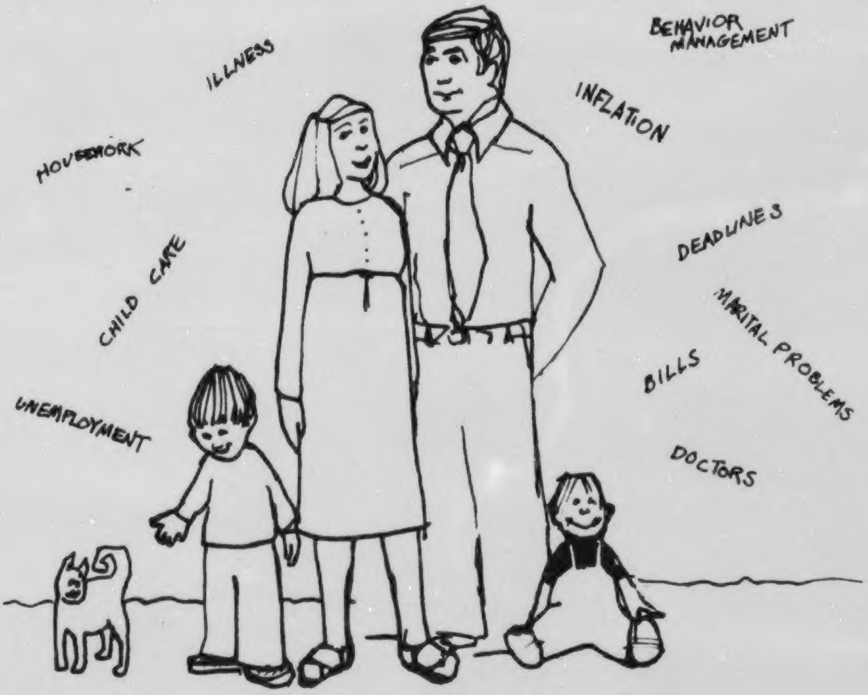
3. *Positive sense of health.* Remember that *you* are in charge of your health and that you can contribute in a positive way to better health.

SUGGESTED READINGS

Friedman, M., and R. Rosenman. *Type A Behavior and Your Heart.* New York: Alfred A. Knopf, 1974.
Describes how to prevent premature cardiovascular disease.

Litvak, Stuart. *Unstress Yourself: Strategies for Effective Stress Control.* Santa Barbara, CA: Ross-Erickson, 1980.
Twenty-five instant stress reducers for a healthier mind and body.

Masters, Robert, and Jean Houston. *Listening to the Body.* New York: Delacorte, 1978.
Exercises that help us to rid our bodies of tension and stress.


ILLNESS
BEHAVIOR MANAGEMENT
HOUSEWORK
INFLATION
DEADLINES
CHILD CARE
MARITAL PROBLEMS
BILLS
UNEMPLOYMENT
DOCTORS

...AND I WONDER WHY JUNIOR ISN'T WALKING YET!

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Books

Brenner, Paul. *Health Is a Question of Balance.* Marina del Ray, CA: De Vorss and Co., 1980.

Cooper, Cary. *The Stress Check: Coping with the Stresses of Life and Work.* Englewood Cliffs, N.J.: Prentice-Hall, 1981.

Duncan, T. Roger, and Darlene Duncan. *You're Divorced, But Your Children Aren't.* Englewood Cliffs, N.J.: Prentice Hall, 1979.

Friedman, Meyer, and R. H. Rosenman. *Type A Behavior and Your Heart.* New York: Alfred A. Knopf, 1974.

Pelletier, K. R. *Mind As Healer, Mind As Slayer: A Holistic Approach to Preventing Stress Disorders.* New York: Delacorte, 1977.

Selye, Hans. *The Stress of Life,* (Second edition). New York: McGraw-Hill Co., 1978.

Wilson, Christopher, and Deborah Hall. *Stress Management for Educators.* San Diego: San Diego Department of Education, 1979.

Audiovisual Materials

Stress: Parents With a Handicapped Child. Films Inc.
16 mm black and white, 28 minutes.
Portrays the home life of five families with handicapped children. Addresses such problems as stress of husband-wife relationship, housing difficulties, neglect of other children in family, concern about the handicapped child's future after parents' death.

UNIT II

ENCOURAGING THE CHILD'S GROWTH AND DEVELOPMENT

Watch Me Grow: Strengthening Physical Growth

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To experience the processes involved in gross- and fine-motor coordination.	119	10 minutes
Professional Presentation	To understand the meanings of fine- and gross-motor concepts. To understand early fine- and gross-motor development. To understand the importance of providing appropriate activities to encourage masterful accomplishment of fine- and gross-motor tasks. To become acquainted with some physical handicaps.	120	40 minutes
Parent Presentation	To understand that while there are norms for developmental milestones, there may be variations for individual children.	133	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To share common feelings about developmental issues of children, from birth to age five.	134	40 minutes

Overview

During the early years, a child, through successful experiences, begins to sense and understand movement abilities. He or she learns to identify himself or herself as an individual person, developing self-confidence with increasing control and refining fine- and gross-motor skills. How parents respond to these changes, and how they provide and encourage certain activities, are significant factors that influence the accomplishment of early developmental tasks.

It is important for parents to understand how children progress in their motor development through the early years of life. This understanding will help parents provide activities that build their child's self-confidence and encourage motor growth and development.

The child who climbs, rides a tricycle or bicycle, skates, teeters on a balance board, tumbles, rolls, jumps or walks, hikes, and jogs with parents has a much better chance of mastering coordination skills than the child who spends idle hours in front of the television and is transported to school and elsewhere by automobile. Motor development cannot be left to chance--it is a vital part of a child's overall growth and development.

Introductory Activity

The professional presenter should:

- Obtain record, "Beanbag Activities and Coordination Skills for Early Childhood and Adaptable for Special Education," by Georgiana Liccione Stewart. (This record is available from Children's Book and Music Center, 5373 W. Pico Blvd., Los Angeles, CA 90019, telephone (213) 937-1825, or it may be ordered from Kimbo Educational Catalog, P. O. Box 477, Long Beach, NJ 07740.) The record comes with a booklet for additional activities.
- Obtain enough beanbags for each participant in attendance.
- Tell participants they are going to experience some fine- and gross-motor movements while playing some beanbag games. Ask them to form a circle. Pass out the beanbags.
- Put on the song, "Beanbag Rock," which asks participants to follow the directions of the song by placing the bean bag on various parts of the body.
- Next, move to the song, "Beanbag Catch." Tell participants to pair up, with only one beanbag between them, then throw and catch the beanbag to the directions in the song.
- At the end of the song, collect the beanbags and ask participants to be seated.
- Explain to participants about the various movements that go into throwing and catching.
- Ask for volunteers to demonstrate more complicated movements, using a beanbag, such as:

    -Tossing a beanbag into the air and catching it while hopping; while skipping; while galloping.

    -Sitting on the floor, tossing the beanbag into the air, and then supporting yourself by a hand and two feet before catching the bag.

    -Tossing a bag into the air and catching it without using your hands.

    -Lying on your back, tossing the beanbag into the air and catching it before it drops.

    -Holding beanbag between knees and running or hopping to goal line.

- End activity with the thought that body movements, which involve fine- and gross-motor skills, can be very complicated tasks for babies, toddlers, and handicapped children.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Have chalk and a chalkboard available in the room.
- Tell participants that they will need to learn some definitions in order to understand what is involved in fine- and gross-motor development.
- Write on chalkboard these terms: "gross-motor movements," "fine-motor movements," "perception," and "perceptual-motor."
- Use the following professional text to explain the concepts.

FINE- AND GROSS-MOTOR DEVELOPMENT

Definitions essential to understanding fine- and gross-motor development are:

1. *Gross-motor movements:* The movements of the body that involve the use of large-muscle groups, such as those used in walking, running, rolling, or throwing.
2. *Fine-motor movements:* The precise, small-muscle movements, such as grasping, that develop after gross-motor skills and that are required for manipulative movements, such as those used in stringing beads, coloring, cutting with scissors, and walking on tiptoe.
3. *Perception:* The receiving and understanding of stimulation to all senses, including hearing, seeing, smelling, tasting, and feeling.
4. *Perceptual-motor:* The combining of perceptual and motor skills to accomplish a more complicated task, such as throwing a beanbag toward a target.

Suggested Activity 1

The professional presenter should:

- Obtain movie "Jamie, Ethan, and Marlow." (See bibliography.) Have audio-visual material ready.
- Explain to participants that you are only going to show them the part of the movie that deals with a pediatrician examining the reflexes of a newborn baby.

- Have film ready to begin at this starting point. Pediatrician-examination segment of the film lasts approximately 10 minutes.
- Show film segment.
- At the end of the segment, ask participants to identify gross-motor reflexes in a newborn. Ask them if a newborn has any fine-motor reflexes.
- End the activity with the following thoughts on motor development:

1. Body movements of the newborn are random large-muscle movements largely dominated by involuntary reflexes.

2. An infant's body control begins developing from the head and moves downward to the feet.

3. Muscle control begins developing from the body trunk and moves outward to the limbs.

4. Gross movements develop before fine, precise movements. The child first reaches for and grasps objects using the whole hand. Much later the child can grasp an object using the thumb and index finger.

5. New skills are built upon those already acquired. Children usually follow the developmental milestones of sitting, crawling, "cruising" by holding on to furniture, and then walking independently.

6. There are wide variations in the ages at which children attain development milestones.

7. A child develops as an integrated person using perception, motor skills, and experiences to build new, more complex skills and abilities.

Suggested Activity 2

The professional presenter should:

- Begin activity by passing out handout, "Functional Assessment: General Guidelines for Gross-Motor Behavior and Fine-Motor Behavior" (5-1).
- Have them mark whether their child has mastered the skill by checking "yes" or "no."
- Allow ten minutes to complete handout.
- At the end of the time period, ask participants to look for the last age level where they checked "no" more often than "yes." Tell them this is approximately the age level where their child is functioning in fine- and gross-motor development.
- Stress that there is a wide variation in the ages at which children develop specific fine- and gross-motor skills.
- End the activity with the thought that knowing your child's developmental level can help you provide activities, experiences, and toys that are appropriate for his or her level and that will encourage motor development.
- (Presenter: Refer to "Activities for Infants and Toddlers" (5-2) and "Activities for Preschool Children" (5-3) for more specific information.

PARENT INVOLVEMENT IN CHILD'S FINE- AND GROSS-MOTOR DEVELOPMENT

To be able to respond appropriately to their child's needs, parents should understand and accept the child's functional level of fine- and gross-motor development. To a great extent, children find their places in their peer group through play interaction. They progress from the adult-managed world of preschool and kindergarten into a peer-centered world, and are soon made aware that they will be judged by what their bodies accomplish. Boys and girls with highly developed motor skills are much more readily accepted by their peer group than those who have poorly developed skills. A child who does not master the major developmental tasks of early childhood may perceive a real or fancied weakness or may feel a lack of proficiency. On the other hand, the child who masters these early developmental tasks may be more alert, decisive, and self-confident, which are all necessary ingredients of learning and success in school and life.

Suggested Activity 3

The professional presenter should:

- Tell participants you are going to brainstorm with them for activities that would increase the skills that have been discussed. (Note that pages 131 and 132, entitled "Activities for Infants and Toddlers" and "Activities for Preschool Children," are intended for professional use only. These activities may be used to stimulate discussion, but don't use them as handouts because many of the activities are included in the parent summary sheet.)
- Write on chalkboard the terms "fine-motor movements," "gross-motor movements," and "perceptual-motor."
- Ask for volunteers to suggest an activity in each category. List all the suggestions.
- When the list has been completed, ask participants to identify probable age levels of each activity. Place age span next to activity.
- Now ask participants to refer back to the "Functional Assessment" handout (5-1) to recall where their child is functioning.
- Tell them to select some activities from the list that their child might be ready to begin to try. Don't choose activities that the child can already do--choose skills that might be evolving.
- Ask participants to write on the "Functional Assessment" two activities involving gross-motor movements, two activities involving fine-motor movements, or two activities involving perceptual-motor movements that they will try with their child in the coming week.
- End the activity with the thought that you as the parent of a young child can assist greatly in successful fine-motor, gross-motor, and perceptual development.

PHYSICAL HANDICAPS

Some special children have evident gross- and fine-motor problems or perceptual-motor problems due to a specific physical handicap (or combination of handicaps) or developmental delay. Other children who have an evident physical handicap have little or no gross- and fine-motor problems. A child who appears to have a physical or developmental problem should be examined by a physician who can possibly give a specific medical diagnosis. If there is a possibility of a gross- and fine-motor problem or perceptual-motor problem, the doctor can then suggest physical and/or occupational therapy for the child.

Listed below are some general physical handicaps in which gross- and/or fine-motor problems might occur. It is important to understand, however, that every child with one of these handicaps does not necessarily experience problems.

1. *Cerebral Palsy.* Child has difficulty in coordinating muscle actions and may be unable to maintain normal postures and balance when doing normal movements and motor skills.

   The three major forms of cerebral palsy are:

a. Spastic. Child has difficulty in adjusting to changes in posture and must make a concentrated effort to initiate movement. Some movements are uncontrollable. Child may have difficulty with sensorimotor activities because of tightly fisted hands and may have some restriction in range of motion. With gross-motor movements, the child may scissor the knees and walk on the toes.

b. Athetoid. The child has fluctuating muscle tone, sometimes too little muscle tone. In some cases, due to hip adduction, child may achieve better sitting balance on the floor than in a chair. Some athetoid children may have some gross-motor problems because of "floppy" movements. The severity of involvement can range from being unable to raise the head or straighten the back to almost no physical involvement at all. Fine-motor involvement might be a problem due to weak grasp and excessive movements of fingers and hands.

c. Ataxia. Child's gross-motor movements could include unstable balance and a high lurching step-gait. At times, some children have distorted spatial relationships; they are unaware of body position in space and may fall frequently, though be unaware of falling.

2. *Spina Bifida.* Child has an opening in the spinal column at birth because the spinal vertebrae did not fuse during development. Myelomeningocile is the term used after surgical closure for spina bifida. Because the child has a lack of feeling in the lower extremities, it is important that he or she be taught to avoid areas of extreme heat, such as floor registers and hot sand, and rough surfaces, such as concrete and rough-surfaced floors and carpets. Gross-motor activities might be prescribed by physical therapy. These exercises might be active and passive exercises as well as exercises to strengthen the upper torso.

3. *Muscular Dystrophy.* Child exhibits a progressive weakening of skeletal muscles. There are other conditions that have some similar aspects such as mytonic dystrophy or mytonic atrophy. Muscular dystrophy may become apparent at about three years of age, because the child might seem overly clumsy. Some affected children may have a waddling gait; may walk on their toes; may fall and be unable to get up unaided; may have difficulty running, climbing stairs, or getting up from a chair. Children who are involved motorically might find it helpful to have gross-motor activities geared to keeping them ambulatory, to prevent contractures and maintain muscle strength.

4. *Autism.* In autistic children gross- and fine-motor performance varies widely. Most autistic children do move in an immature way. They also tend to do the reverse of a movement that they are trying to copy--such as left for right, up for down, or back for front.

5. *Epilepsy*. A child with this convulsive disorder may have several types of seizures. Two of the most common are:

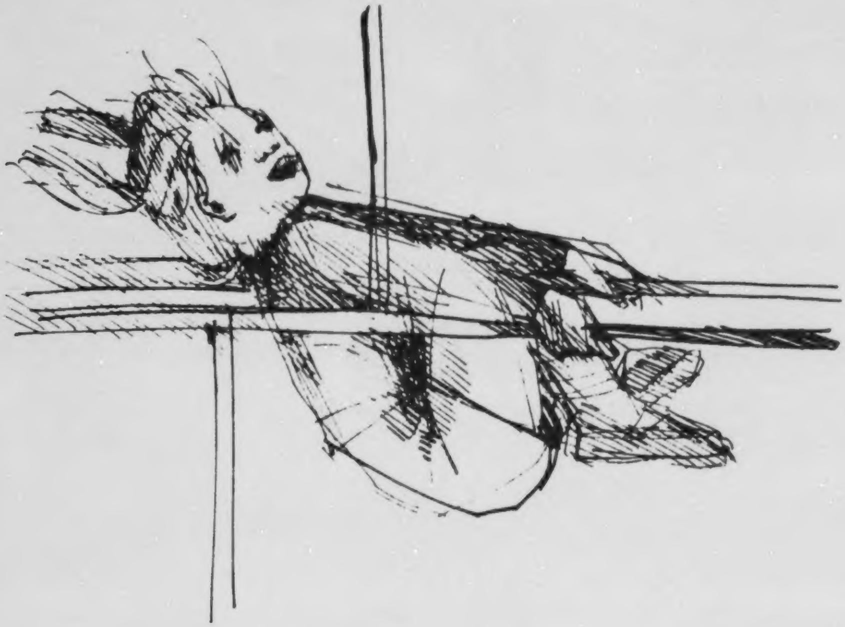
   a. Grand Mal. Child loses consciousness and posture; muscles in body become very rigid.

   b. Petit Mal. Child may exhibit such characteristics as apparent day-dreaming, twitching of eye lids, and very little movement of the head or extremities. Seizures may recur many times daily, interrupting attention span, thought processes, and memory. Most children who have epilepsy do not have gross- and fine-motor involvement unless another handicap is present. There is some thought that gross-motor activities, such as rolling, swinging at a rapid pace, and revolving around, may cause a child to have a seizure.

FUNCTIONAL ASSESSMENT

General Guidelines for Gross-Motor Behavior and Fine-Motor Behavior

Directions: Read through these general guidelines, then place a check in the "yes" column if your child has mastered the task or a check in the "no" column if not.



General Guidelines for Gross-Motor Behavior

	Yes	No
0 to 12 months		
Raises head to look around while lying face down		
Head does not lag behind body when child is pulled into sitting position		
Sits with support with head erect but tires shortly or easily		
Rolls over front to back and back to front by himself		
Extends arms to catch self if falling		
Crawls on hands and knees but may be slow and hesitant		
Sits steadily with support for indefinitely long periods of time		
Pulls self to standing position using a support		
12 to 24 months		
Creeps (crawls) in well-coordinated, rapid fashion (hands/feet or knees)		

	Yes	No
Walks independently--may be unsteady......................		
Climbs into adult sized chair by himself..................		
Goes up and down stairs on all fours or in sitting position		
Walks into large ball sitting on the floor when trying to kick it..		

24 to 30 months

	Yes	No
Runs safely on whole foot, stopping and starting with ease.		
Pulls wheeled toy by cord.................................		
Bends at waist to pick up something from floor............		
Jumps from bottom step; usually straight down (may step off slightly)...		
Walks upstairs alone; may hold rail and place both feet on each step..		
Attempts to step on walking board.........................		
Walks backward about 10 feet..............................		

30 to 36 months

	Yes	No
Pushes and pulls large toys skillfully; has difficulty moving them around corners...............................		
Kicks large ball (12-inch ball that is at rest on the floor)		
Balances on one foot for one second.......................		
Walks upstairs alternating forward foot (downstairs holds rail--2 feet/step)......................................		
Keeps feet on line for 10 feet while walking forward.......		
Jumps over string held 2 inches high......................		
Makes broad jump 24 to 34 inches..........................		

36 to 48 months

	Yes	No
Walks downstairs alternating forward foot (may hold to rail)		
Turns wide corners on tricycle............................		
Jumps from bottom step out 6 to 8 inches with both feet....		
Can swing self..		
Can turn around obstacles and corners while running........		
Can turn around obstacles while pushing and pulling large toys...		
Uses pedals while riding tricycle.........................		
Balances on one foot for 2 to 5 seconds...................		

	Yes	No
48 to 60 months		
Walks heel to toe forwards on a line on the floor alternating feet		
Walks alone up and down stairs, one foot per step; does not hold rail		
Runs on tiptoe after demonstration by another		
Rides tricycle expertly and with ease		
Throws ball overhead (9-inch ball--12 feet--direction only fair)		
Jumps from height of 12 inches (both feet, does not step off with one foot)		
Hops on one foot in place		
Balances on one foot for 10 seconds		
Walks backward, heel-to-toe on a line on the floor alternating feet		
60 to 72 months		
Active and skillful in climbing (slides, ladders, trees, etc.)		
Can hop 2 to 3 yards forward on each foot separately		
Can jump rope swung by others slowly		
Can walk forward on a narrow plank alternating feet		
Runs with few falls while playing games at the same time		

General Guidelines for Fine-Motor Behavior

0 to 12 months		
Fist clenches tightly when touched by object--does not grab object		
Holds small items placed in hands--puts them in mouth (rattle)		
Transfers items from one hand to the other		
Holds two items; one in each hand (blocks, sticks, etc.)		
Is able to release objects on purpose (can drop objects intentionally)		
Picks up items with neat pincer grasp; tip of index finger and thumb		

	Yes	No
12 to 24 months		
Imitates scribble demonstrated by examiner (crayon and paper)..		
Builds tower of 2 one-inch cubes........................		
Turns pages of a book-several pages at one time............		
Opens simple containers (box with loose fitting lid like a shoe box)..		
Can empty open bottles by dumping (this must be done on purpose)..		
24 to 30 months		
Removes paper wrapping from small sweet...................		
Makes spontaneous circular scribble and dots with paper and pencil...		
Imitates vertical line drawn by another using crayon and paper..		
Imitates circle with crayon & paper when demonstrated by adult..		
Turns pages one at a time in books.......................		
Rolls, pounds, squeezes, pulls clay or play dough..........		
Interested in painting process, not product (may just smear paint)..		
Builds towers of 6 cubes for play........................		
Makes one single cut with scissors (my be a short cut).....		
Strings beads with large holes...........................		
30 to 36 months		
Moves to music while watching others do the same...........		
Experiments with vertical, horizontal lines, dots, circles (pencil, crayon, paint).................................		
Imitates V and H strokes from demonstration by adult.......		
Folds paper on demonstration leaving crease in paper.......		
Builds tower of 7 one-inch cubes.........................		
Copies circle from picture when told "make one like this"..		
Imitates bridge built with 3 blocks after demonstration....		
Can be trusted to carry breakable objects.................		

Yes No

36 to 48 months

Makes a long "snake" or other object with play dough....... ________

Builds tower of 9 one-inch cubes.......................... ________

Copies square from model or picture without demonstration.. ________

Copies V H T from model with no demonstration.............. ________

Draws head of man and usually with one other part.......... ________

Drives nails and pegs with hammer into soft base........... ________

Imitates cross on demonstration (+)........................ ________

Cuts with scissors (can be many single cuts that fringe paper)--more than one cut.................................. ________

Catches bounced ball (two hands; 12-inch ball or larger)... ________

Strings beads with small holes............................. ________

Is able to complete 4-piece form board (also single piece puzzles).. ________

48 to 60 months

Builds tower of 10 or more one-inch cubes.................. ________

Builds 3 steps with 6 cubes after demonstration............ ________

Draws man with two or three parts.......................... ________

Adds three parts to incomplete man......................... ________

Draws very simple house.................................... ________

Holds paper with other hand in writing or drawing.......... ________

Copies star (*) from model with no demonstration........... ________

Has appropriate pencil grasp............................... ________

Cuts construction paper in a straight direction with scissors... ________

60 to 72 months

Draws man with head, trunk, legs, arms, and facial features ________

Writes a few letters spontaneously......................... ________

Prints numbers 1 through 5, uneven and medium sized........ ________

Catches a ball 5 inches in diameter........................ ________

Laces shoes.. ________

Draws house on command (house has door, windows, roof, chimney)... ________

Uses stencils appropriately to make shapes with pencil or crayon.. ________

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ACTIVITIES FOR INFANTS AND TODDLERS

(for presenter's use only)

Parents can encourage child to try these activities:

- Hang mobiles and musical toys over infant's crib to encourage reaching and grasping.
- Give infant toys or objects of different textures and shapes to help him or her become aware of the hands.
- Provide child with activities and toys to encourage grasping and releasing, such as putting blocks in a large can or box.
- Set up an obstacle course that includes things for child to crawl through, climb over, walk under, and step around.
- Play clapping games with child.
- Let toddler pull a wagon.
- Play "Simon Says" with toddler.
- Have toddler identify body parts.
- Have toddler move specific body parts on command, such as, "Shake your head," "Stamp your feet."
- Roll on the grass or on the carpet with toddler.
- Walk backwards with toddler.
- Practice rolling ball back and forth on the floor with toddler.
- Help toddler practice balance skills by walking on lines.
- Help toddler walk on balance beam.

ACTIVITIES FOR PRESCHOOL CHILDREN

(for presenter's use only)

Encourage child to try these activities:

- Sit on large playground ball and catch a small object.
- Color an outline of (child's) body drawn on butcher paper.
- Practice stringing beads, starting with large beads that have large holes.
- Pick up cotton balls, a piece of fabric, or paper balls with a pair of tongs.
- Pretend to be an animal, then imitate that animal's walk.
- Crawl in and out of large cartons of concrete culvert sections.
- Jump, roll, or somersault on an old mattress or some large pieces of foam rubber.
- Play "ball" with balloons.
- Stretch, jump, and swing to music.
- Walk or jump around inside and out of hoops that have been placed on the floor.
- Go through the spaces between rungs of a ladder that has been placed on the floor.
- Play a ring-toss game. Start close and move gradually away.
- Color in books. Start by coloring one large, simple object on the page.
- Paint with water, using a large brush, on such areas as sidewalks, concrete patios, and sides of buildings.
- Play with play dough or modeling clay.
- Swing.
- Build with blocks.
- Put puzzles together.
- Hop.
- Gallop.
- Run.
- Ride tricycles.
- Dig in dirt or sand.
- Climb and hang on low bars.
- Stand on one foot.
- Play "follow the leader."
- Shovel, rake, hoe, or sweep.
- Beat drums or sticks to music.
- Blow straws to move cotton balls or blow ping-pong balls across the floor.

Parent Presentation

The parent presenter should:

- Introduce yourself and tell a little about your family.
- Explain the motor problems of your handicapped child.
- Tell about the activities that your child does at home to encourage motor development.
- Explain how having a special child has changed your lifestyle.
- Show the level at which your child is functioning, using the "Functional Assessment" handout (5-1).
- Tell whether it has been hard to accept your child's functioning level.
- Discuss the kinds of improvements you have seen your child make through the use of physical and/or occupational therapy.

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the group is planned as a discussion starter, and encourage your group to ask questions, volunteer personal information, and speak out.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. Mary's son, Jason, is in a play group with six other three-year-olds. The mothers in this group constantly compare the growth and development of their children and point out to Mary that Jason seems slow.

   a. Have any of you ever had this experience?

   b. Why do mothers tend to compare their child's growth and development?

   c. How might Mary handle these other mothers?

   d. What if Jason really is slow?

2. Consider your daily household routine. In what ways can you incorporate your childrens' desire to help you while taking into account their fine- and gross-motor skills? (You may want to refer to the guidelines in the "Functional Assessment" for some direction.)

3. When your child is ready for preschool, what kinds of things could you look for inside and outside the room that would show that the philosophy of the school included emphasis on gross- and fine-motor skills?

4. What two activities from the professional presentation did you choose to try this week and why?

Parent Summary Sheet

"You don't grow frogs quicker by cutting off tadpoles' tails."

--Howard Lane

The growth process takes time. It can't be pushed or hurried along. Growth has *order* and *direction* but progresses at an *uneven* rate. Because each child is an individual, he or she must develop at his or her own rate. Some developmental tasks can, and must, take longer for certain youngsters than for others.

During your child's early years, through successful experiences, he or she begins to sense and understand his or her movement activities. The child is also learning to identify himself or herself as an individual person and to develop more self-confidence, with increasing control of his or her fine- and gross-motor skills. How you, as a parent, choose to respond to these changes, offer encouragement, and provide activities, will affect how your child will accomplish early developmental tasks.

DEFINITIONS

1. *Gross-motor movements:* The movements of the body that involve the use of large-muscle groups, as those used in walking, running, rolling, or throwing.
2. *Fine-motor movements:* The precise, small-muscle movements, such as grasping, that develop after gross-motor skills and that are required for manipulated movements, such as those used in stringing beads, coloring, cutting with scissors, and walking on tiptoe.
3. *Perception:* The receiving and understanding of stimulation to all senses, including hearing, seeing, smelling, tasting, and touching.
4. *Perceptual-motor:* The combining of perceptual and motor skills to accomplish a more complicated task, such as throwing a beanbag toward a target.

When parents can look beyond the actual behavior to see what their child is trying to accomplish, they will be better able to redirect the youngster's behaviors and help him or her master life's developmental tasks. It often requires a great deal of patience from the parent to stand by while the child masters a task.

MOTOR ACTIVITIES

Use the following activities to help your child develop motor skills:

1. *Body image.*
    a. Place a beanbag on different body parts and practice identifying them.
    b. Trace your child's body outline on butcher paper and color the different parts.

2. *Fine-motor coordination.*

   a. String beads. Your child can begin by using jumbo plastic hair rollers cut in half; string rollers on doubled yarn with plastic-tipped end, with the end of the string knotted; then progress to large wooden beads.

   b. Place objects into containers.

3. *Gross-motor coordination.*

   a. On carpet or grass, do log roll, combat crawl, knee walk, hop, jump, and animal walk.

   b. Set up and go through obstacle course.

4. *Hand-eye coordination.*

   a. Throw and catch balloons with your child. (Most children are not really ready to handle balls efficiently until the age of five.)

   b. Practice rolling balls to partner while seated on floor.

   c. Practice throwing skills by throwing beanbags in a hula hoop, basket, container.

5. *Rhythm movements.*

   a. Listen to music with your child and encourage him or her to move body to music. Some suggested records: "Action Time" and "Let's Move," by Buss Glass; "Movin'" and "Music for Special Children," by Hap Palmer; "Beanbag Activities," "Parachute Fun," and "Walk Like the Animals," by Georgiana Stewart; and "Make-Believe in Movement," by Maya Doray.

   b. Do rolling, stretching, walking, swinging, and jumping activities to music.

6. *Spatial orientation.*

   a. Practice spatial concepts (under, over, and through) using cardboard boxes, barrels, tubes, doorways, and tables.

   b. Place hula hoops or bicycle tires on the floor, and walk or jump around inside and outside of them.

   c. Place ladder on floor and go through spaces between rungs.

7. *Painting.*

   a. Paint with water, using a large brush, on sidewalks, concrete patios, or sides of building.

   b. Finger paint and paint with feet, using nontoxic tempera paint.

8. *Sorting activities.*

   a. Fill a bag full of objects and have child sort them into a muffin tin. For a very young child, fill the bag with only two kinds of objects. Increase the number of objects and muffin tins as the child progresses.

Remember, mastering physical skills will give your child self-confidence, which is an essential part of successful learning.

SUGGESTED READINGS

Beale, Betty. *Inexpensive Books for Parents of Handicapped Children: A Bibliography.* Rev. ed., Montgomery, ALA: Southeast Regional Resource Center, Auburn University, 1978.
Excellent resource for books concerning handicaps of all kinds. Includes sources for people who are deaf and hearing-impaired, visually impaired and blind, speech-impaired, physically handicapped, mentally retarded, learning disabled, and emotionally disturbed.

Bower, T. G. *The Perceptual World of the Child.* Cambridge, MA: Harvard University Press, 1977.

Braly, William T., et al. *Daily Sensorimotor Training Activities.* Baldwin, N.Y.: Activity Records, Inc., 1968.
Sensorimotor activities for the preschool child.

Gordon, Ira, et al. *Child Learning Through Child Play.* New York, N.Y.: St. Martin's Press, 1972.
Perceptual and motor activities geared for two- to three-year old children, or for children at that functioning level.

Klaus, Marshall, and John Kennell. *Parent-Infant Bonding.* St. Louis, MO: C. V. Mosby Company, 1981.

Levy, Janine. *The Baby Exercise Book.* New York, N.Y.: Pantheon Books, 1974.
Physical exercises for babies up to 15 months old. Many exercises could be used for children with delayed development.

Bibliography

Books

Anderson, Susan K., and Connie R. Urbina. *Easy Movin'--A Movement Education for Primary Grades.* Pasadena, CA: Learning Research Unlimited.

Bailey, Rebecca and Elsie Burton. *The Dynamic Self: Activities to Enhance Infant Development.* St. Louis, MO: C. V. Mosby Company, 1981.

Beale, Betty. *Inexpensive Books for Parents of Handicapped Children: A Bibliography.* Montgomery, ALA: Southeast Regional Resource Center, 1978.

Bentley, William C. *Learning to Move--Moving to Learn.* Englewood Cliffs, N.J.: Scholastic Book Services, 1970.

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Corbin, Charles B. *A Textbook of Motor Development.* Duguque, IA: Brown Company Publishers, 1978.

Elliot, Margaret, et al. *Play with a Purpose: A Movement Program for Children.* New York, N.Y.: Harper and Row, 1972.

Espenschade, Anna S., and Helen M. Eckert. *Motor Development.* Merrill, OH: Merrill Publishing Company, 1967

Hackett, Layne C., and Robert Jenson. *A Guide to Movement Exploration.* Palo Alto, CA: Peek Publications, 1973.

Levy, Janine. *You and Your Toddler: Sharing the Developing Years.* New York, N.Y. Pantheon Books, 1981.

Audiovisual Materials

The Child Series: The Child, Part I., Jamie, Ethan, and Morlon. McGraw-Hill Films. 16 mm color, sound, 28 minutes.
Gives a closeup view of the growth and development of three infants from birth to two months old.

Beanbag Activities and Coordinated Skills for Early Childhood.
Adaptable for special education by Georgianna Liccione Stewart. Available from Children's Book and Music Center, 5373 West Pico Blvd., Los Angeles, CA 90019.

In the Beginning. Davidson Publishing, 1978. 16 mm film.
Discusses different learning stages.

I'm Learning: Building Thinking/Cognitive Skills

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To assess participants' knowledge of cognitive development concepts.	143	10 minutes
Professional Presentation	To become acquainted with Dr. Jean Piaget's theory of cognitive development. To become acquainted with cognitive skills used by young children to learn about their world. To become informed of different ways to enrich a child's learning. To become aware of different cognitive disabilities and handicaps.	145	40 minutes
Parent Presentation	To present an approach used by parents of a handicapped child to enrich their child's learning.	157	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To have participants think about some ways of enriching their child's cognitive development.	158	40 minutes

Overview

Cognitive development begins at birth, continues as a lifelong process, and is part of all learning. It will be influenced by the learning potential that a child inherits, his or her health status, and the child's opportunities for interaction with other persons and with the physical environment. Broadly speaking, cognition is the name for all the various ways in which a child learns about the world. It includes the building up of knowledge through such things as perceptions, memories, images, concept formation, judgment, and reasoning. Cognition is considered to progress in a definite order of developmental stages, beginning with the sensorimotor abilities of infancy and building up to the abstract reasoning abilities of adolescence. Dr. Jean Piaget's theory of cognitive development describes the different changes that occur in the child's mind from infancy to adolescence.

Parents cannot control their child's rate of progress through the stages of cognitive development. However, by being responsive to their child's level of cognitive development, parents can provide a home environment that will enrich and give depth to their child's learning. A parent's enthusiasm and pleasure in their special child's accomplishments will contribute as much, if not more, toward cognitive development as will a house filled with new toys!

Introductory Activity

The professional presenter should:

- Tell participants you are going to give them a pretest of issues associated with cognitive development in young children.
- Pass out handout, "Pretest on Cognitive Development."
- Allow five minutes to complete.
- At the end of the time period, tell participants these issues will be discussed in the professional presentation section.
- End the activity with the thought that all learning activities are considered cognitive. While parents cannot control their child's cognitive development, they can enrich and give depth to their child's learning by providing a responsive home environment.

PRETEST ON COGNITIVE DEVELOPMENT

Mark the following questions T (true) or F (false):

1. _____ Cognitive development is considered to be only an intellectual problem-solving skill.

2. _____ Parents can control their child's rate of progress through the stages of cognitive development.

3. _____ In Piaget's theory of cognitive development, the infant's "sensing" ability and movement are considered cognitive behaviors.

4. _____ Cognitive skills are developed by a combination of the child's inherited learning potential, health status, and opportunities provided in the environment.

5. _____ Memory is a cognitive skill.

6. _____ Children do not start learning concepts until they can speak.

7. _____ A child's IQ score remains the same throughout life.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual equipment and room supplies.

Suggested Activity 1

The professional presenter should:

- Tell participants it is important to know their child's stage of cognitive development so they can understand their child's behavior and provide appropriate activities.
- Pass out handout, "Functional Assessment: General Guidelines for Cognitive Development" (6-1).
- Instruct participants to mark whether their child has mastered the skill by checking "yes" or "no."
- Allow ten minutes to complete handout.
- At the end of the time period, tell participants to look for the last age level where they check "no" more often than "yes." Tell them that this is the approximate age level where their child is functioning in cognitive development.
- Stress that there is a wide variation in the ages at which children develop cognitive skills.
- End the activity with the thought that cognitive development follows a sequential pattern of stages that can be independent of the child's chronological age.

PIAGET'S THEORY OF COGNITIVE DEVELOPMENT

Dr. Jean Piaget, the Swiss psychologist, devoted his life to studying cognitive growth in children. After closely observing and questioning his own three children, he formed a general theory of how a child's mind progresses in a definite order from one stage to another.

Sensorimotor Stage

Dr. Piaget describes cognitive development as taking place in four major stages. The first, occurring from birth to approximately two years of age, is the *sensorimotor stage*. During this stage, the infant learns how to direct the movements of the body continuously and practices sensory skills, such as seeing, and hearing. The infant makes no distinction between himself or herself and that which is outside of the self. Gradually, the infant will acquire a view of his or her surroundings that includes objects and people that are different and separate from himself or herself and that exist even when out of sight. The infant will learn some notion of cause and effect.

Pre-operational Stage

Somewhere toward the end of the second year, the child enters what Dr. Piaget calls the *pre-operational stage*, usually lasting between two to seven years. The first part of this stage, which ends at about age four, is called the "pre-conceptual period." During this time, the child develops ability to understand the relationship between an object and the symbol or word for that object. Language is beginning to emerge.

At about age four, the child enters the second period of the pre-operational stage, known as the "intuitive period." The concept of intuitive thought can be illustrated by describing one of Piaget's best-known experiments, in which a child is shown two identical drinking glasses filled with equal amounts of juice. The child is asked whether each glass holds the same amount. When he or she agrees that this is so, the juice from one glass is poured into a taller, thinner glass so that the juice reaches a greater height. When the child is now asked whether each glass now holds the same amount of juice, he or she will say that the tall, thin glass has more. The child is also unable to realize that if the juice is poured back into the original short glass, it will once again appear to equal its twin. In another experiment devised by Piaget, it was shown that a child at this stage of development will believe that a belt arranged in a circle is shorter than an identical one laid out in a straight line.

Concrete Operational Stage

Piaget's third stage, the *concrete operational stage,* spans from about age seven to eleven. During this time, the child develops the ability to think through mentally that which he or she would have had to do physically before. The child can make estimates and is able to understand the concepts of relative length, amount, and so on.

Formal Operations Stage

Piaget's fourth stage, the *formal operations stage,* signifies the child's ability to think and reason abstractly. During this stage, the child's cognitive skills become increasingly like those of an adult.

Suggested Activity 2

The professional presenter should:

- Tell participants they are going to look at a chart to help understand Piaget's stages of cognitive development.
- Pass out handout, "Piaget's Stages of Cognitive Development" (6-2).
- Go over the stages.
- Present to the group examples of cognitive behaviors that occur at each of the different stages of development.
- Have participants refer to the "General Guidelines for Cognitive Development" (6-1) to see where their child might be functioning in relation to Piaget's stages of cognitive development.
- End the activity with the thought that parents cannot control their child's cognitive development. However, parents can enrich their child's learning by activities and experiences that are appropriate for their child's level of cognitive development. Many cognitively handicapped children may not achieve all of Piaget's developmental stages.

COGNITIVE SKILLS USED BY YOUNG CHILDREN TO LEARN ABOUT THEIR WORLD

Cognition is defined by McDiarmid, Peterson, and Sutherland, in their book, *Loving and Learning,* as the name for all the various ways in which a child learns about his world. The term cognition includes the building up of knowledge through such things as perceptions, memories, concept formation, judgment, and reasoning. Several categories of cognitive behaviors seen during infancy and the preschool years are described below.

Memory*

How a child uses memory is important to learning at any level. In order to learn and commit to memory certain skills, young children need constant practice. A baby builds on simple skills to form complex ones. For example, he or she may

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*Adapted from Caplan, Frank (ed.). *The Parenting Advisor.* Garden City, N.Y.: Anchor Books, 1978.

reach for an object, grasp it, wave it around, and put it down. If you place a new object in the baby's hand, he or she will repeat all of these motions. Suppose the new object is a crayon--if it hits the table and makes a mark on a piece of paper, the baby will notice that. Probably the baby will try to make a mark with the next object placed in his or her hand, too. After experimentation over and over again, a baby will learn or remember what a crayon does. Certain experiences have meaning for the infant, but colors, numbers, and letters must all be specifically learned later. The experience of size, taste, and feel have real meaning for the infant and are more easily remembered.

Concept Formation*

From the moment a baby is born he or she is assaulted by many different kinds of stimuli. These impressions have no sequence and no meaning for the infant--they are of an unconnected nature. To make sense out of all these impressions, the infant must learn to assign meanings to the events that involve him or her. In this way, the baby begins to form concepts. One important way a baby learns about himself or herself and the world is through the sense of touch. Other ways are through vision, hearing, tasting, and, as the child develops language, by the use of words. The process by which concepts are developed is not a rapid one. Concepts are formed, new experiences intervene, and the concepts then change to fit the new set of experiences. A child develops new concepts by building on ones previously acquired. Once the child masters some concept of himself or herself, his parents, and other people, and some basic idea of the world, he or she will be able to develop more sophisticated concepts, such as number concepts, by using skills of comparing, generalizing, abstracting, and reasoning.

Perception*

Cognitive development is formed by the young child's "sensing abilities." Long before a baby has the muscle coordination to reach out and touch, he or she can see, and what he or she sees marks the memory with significant impressions. The baby will file these experiences away, using them at the same time to expand his or her intelligence. At first, the child is dependent on perception and movement, but gradually he or she learns to think. A child must learn color and shape discrimination because these abilities are not present at birth. The child must also learn to identify, match, classify, and then put into order that which he or she perceives. These skills lead the child to learning, reasoning, and

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*Adapted from Caplan, Frank (ed.). *The Parenting Advisor*. Garden City, N.Y.: Anchor Books, 1978.

action. Some perceptual skills that need to be taught young children are color, size, shape, form, and time.

Problem-solving*

Problem-solving refers to the variety of learning concepts that young children have to master. These concepts include such motor mastery skills as climbing, balancing, and carrying, as well as puzzle-solving and learning the rules of a game. Interactional problems include learning to get along with others. Emotional problems include learning to take turns and finding a place in the group. Problem-solving behaviors encompass all developmental area.

Suggested Activity 3

The professional presenter should:

- Tell participants that parents can provide many opportunities in the home that will aid their child's cognitive development.
- Write on the chalkboard the words "memory," "concept formation," "perception," and "problem-solving."
- Refer to presenter's sheet, "Cognitive Activities" (6-3), and suggest activities to participants that will encourage young children to use the cognitive skills.
- Ask participants to suggest activities they have used at home with their child to encourage cognitive development.
- If discussion slows down, refer to "Cognitive Activities" sheet for more ideas.
- End the activity with the thought that opportunities available for learning should be presented as one's child is ready for them. Allowing a child time to play on his or her own is as important to cognitive development as is time spent with parents.

HANDICAPS IN COGNITIVE DEVELOPMENT

As a child develops from an infant, learning mainly from his or her senses and movement, to an active, thinking, questioning kindergartener, that child's cognitive development should follow the pattern described by Piaget. However, some children may show problems in learning and in adapting to their environment. Cognitive or intellectual handicaps, resulting from such factors as birth complications, genetic disposition, childhood traumas, and physical handicaps, may cause a child to exhibit below-average abilities on intelligence testing.

An intelligence test is given by a qualified psychologist. Standardized intelligence tests measure a sample of your child's learning behavior and compare it to the performance of other children of the same age. An IQ score is obtained, which is commonly considered an index of intellectual or learning capacity. A child's IQ score is not static. It will vary throughout life, depending on the interaction between inherited characteristics, health status, and the environment.

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*Adapted from Caplan, Frank (ed.). *The Parenting Advisor.* Garden City, NY.: Anchor Books, 1978.

Mental retardation has been defined by the American Association on Mental Deficiency as "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." Subaverage or below-average intellectual functioning would be determined by a child's performance on psychological testing. Adaptive behavior is generally considered to be the child's ability to adjust to the physical and social demands on his or her world as measured by learning in new situations, social behaviors, and achieving developmental milestones.

There are different degrees of mental retardation:

1. *Mild,* which may not be noticed until the child enters school. Children at this level usually learn to read and do other school work;
2. *Moderate,* which is usually identified in infancy or early childhood. Children at this level usually learn personal care and some other school work; and
3. *Severe,* which is usually identified in infancy. Children at this level will learn some personal care skills but are likely to require total care.

Suggested Activity 4

The professional presenter should:

- Tell participants to take out the pretest on cognitive development from the introductory activity.
- Allow a few minutes to see if anyone wants to change any answers.
- Begin correcting the pretest with the following key.

1. False
2. False
3. True
4. True
5. True
6. False
7. False

- Discuss issues as answers are given.

FUNCTIONAL ASSESSMENT

General Guidelines for Cognitive Development

Directions: Read through these general guidelines, then place a check in the "yes" column if your child has mastered the task or a check in the "no" column if not.

General Guidelines for Cognitive Development

0 to 12 months	Yes	No
Regards item held in own hand..............................		
Purposefully shakes noisemaker held in own hand............		
Fingers objects in containers without removing (a cube in a cup)...		
Will look at pictures that are named and pointed to by adult..		
Removes objects from containers (one cube from large cup or box)..		

	Yes	No
12 to 24 months		
Attempts to stack cubes after adult demonstration (may fail at attempt)		
Places object in container after demonstration (block in box)		
Attempts to imitate crayon strokes of adult (failure is permissible)		
Scribbles on paper with crayon when told to make something.		
Can place circle in 3-piece form board without demonstration		
24 to 30 months		
Points to picture and repeats words for hair, hands, feet, nose, eyes		
Likes to talk about pictures		
Names 3 of the following objects when shown (chair, car, box, key, fork)		
Identifies self in a mirror when asked		
Follows command to give pencil, paper, to examiner (when choices are a pencil, paper, book)		
Attempts to fold paper upon demonstration by adult (failure permissible)		
Draws object closer using string (uses both hands alternately, first one hand, then the other)		
Nests 4 cubes		
Answers correctly "What do you hear with?" (points or states ears)		
30 to 36 months		
Identifies action in pictures (walking, sitting, throwing etc.)		
Continually asks questions beginning with "what" and "where"		
Enjoys looking at books alone		
Labels own mud and clay products as pies, cakes, etc		
Matches colored blocks (primary colors) or identical pictures		
Points to floor, window, door, on command		
Names block structure as bridge, bed, track (whatever he wants it to be)		

	Yes	No
36 to 48 months		
Can complete 3-piece form board, all forms same color......		
Can immediately perform above item when board is placed upside down..		
Can point to smaller of 2 squares..........................		
Can tell which of 2 sticks is longer......................		
Can sort identical items by color (red and green blocks, etc.)...		
Can count 2 blocks with one-to-one correspondence..........		
48 to 60 months		
Can select heavier weight when given two objects to hold...		
Matches and names 4 primary colors.........................		
Counts 4 objects and answers "how many"....................		
Draws man with two or three parts on command "draw a man"..		
60 to 72 months		
Matches 10 to 12 colors....................................		
Demonstrates knowledge of left and right..................		
Can count 6 objects when asked "how many"..................		
Can tell how crayon and pencil are same and how they are different..		
Can tell what number follows 8.............................		

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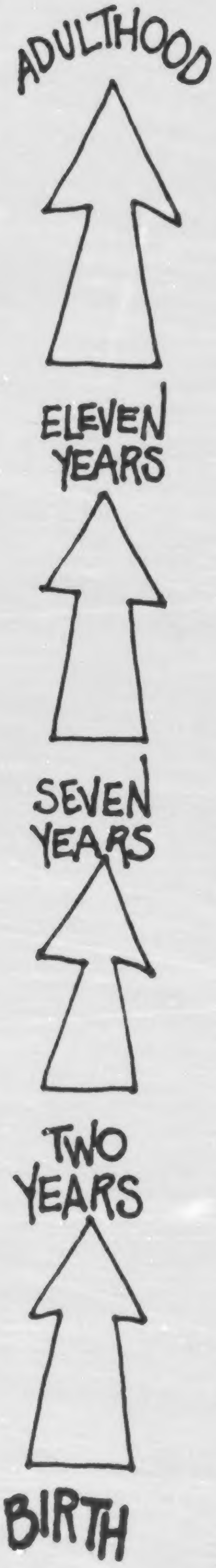
PIAGET'S STAGES OF COGNITIVE DEVELOPMENT



FORMAL OPERATIONS STAGE (Approaching adulthood)

- Child begins to think and reason abstractly.

CONCRETE OPERATIONAL STAGE (Seven to Eleven Years)

- Child is beginning to figure out problems in his or her head.
- Child can make estimates and is beginning to understand concepts of relative length, amount, and so on.

PRE-OPERATIONAL STAGE (Two to Seven Years)

Intuitive Period (Four to Seven years)

- Child depends on his or her perception to solve problems.

Pre-conceptual Period (Two to Four Years)

- Child begins to understand the relationship between a word and object.
- Child begins to use language.

SENSORIMOTOR STAGE (Birth to Two Years)

- Child relies on senses to learn about world.
- Child learns to control body in space.
- Child recognizes that the world is a permanent place.
- Child learns that people and objects are separate from himself or herself.

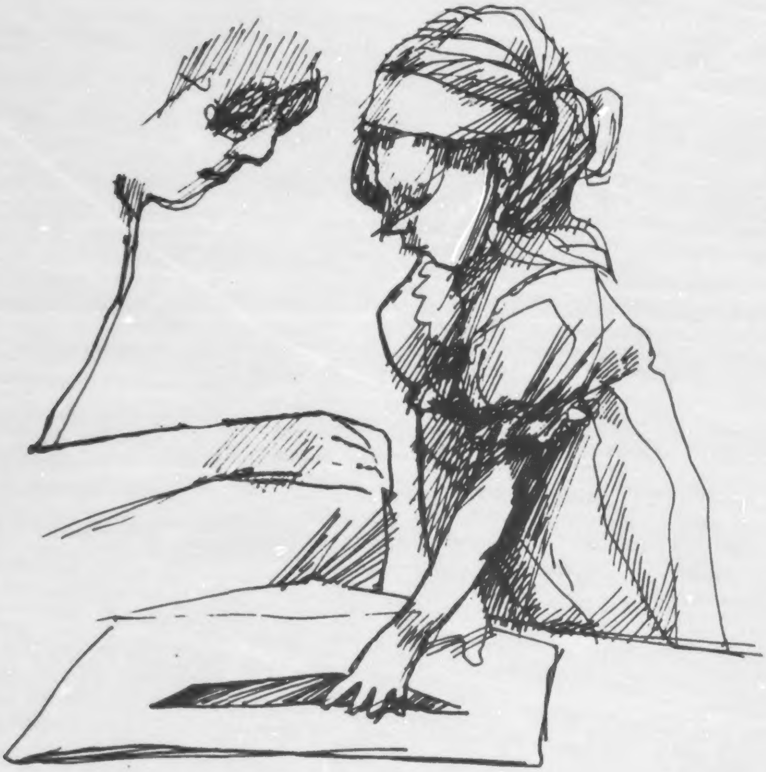
COGNITIVE ACTIVITIES

(for presenter's use only)

Parents can use the activities listed below to encourage their young children to develop the cognitive skills of memory, concept formation, perception, and problem-solving.

Memory

- Help baby develop memory by having him or her follow a moving object, such as a shiny spoon, with his or her eyes.
- Play peek-a-boo with your baby. Let your face disappear behind a scarf, then reappear.
- Show your toddler a favorite small object, then place it under a pillow and ask, "Where is ______?" and "Help me find ______."
- Show your preschooler three objects, such as a spoon, a potato, and a square piece of cloth. Ask the child to name them. Have him or her close his or her eyes, then take one object away. Ask the child to open his or her eyes, and ask, "What's missing?" Repeat sequence with remaining objects.



Concept Formation

- As you feed your baby, use this time to talk with him or her. Say, "Here's your bottle," "Now, here's the milk," and so on. You can also aid your child's development of concept formation by naming his or her body parts, saying his or her name, saying your name, and saying the names of people in the family.
- Name colors, sizes, and shapes of objects around the house: "Where is your blue ball?" "See the big spoon."
- Play games such as "I spy-with-my-little-eye," or "I'm thinking of an animal that sounds like meow,meow. What animal am I thinking about?"

Perception

- Show your baby objects of different colors. The first color a baby recognizes is yellow and the last, usually blue.
- Ask your toddler to give you a yellow toy from a pile of toys, then ask for the round toy, then the big toy, and then the small one.
- Have your preschooler line up all of his or her yellow cars, then blue cars, and so on.

Problem-solving

- Give your infant as many opportunities as possible to freely explore and move around the house, yard, and other safe areas.

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, differences, and so on).
- Tell participants about your developmentally retarded child: What the specific problems are; how old he or she is now; and what special education program the child is in.
- Discuss how you first identified your child's handicap, and talk about your dealings with professionals in the early years of your child's life.
- Compare your child's cognitive development to that of your nonhandicapped children.
- Explain some of the activities and experiences that you provide to enrich your handicapped child's learning.
- What informal and/or fun activities have been suggested to you to aid your child's cognitive development at home?
- In which aspects of your child's cognitive development have you seen the most change over the past year?

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to share their child's stage of cognitive development and discuss any problems that might be arising.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. Barbara says she cannot find time to sit down to teach her three-year-old son color concepts. Can you think of some ways Barbara could help her son learn colors, using informal activities around the house?

   Ideas: Use your daily routine to reinforce color concepts:

   a. Have child choose what to wear from shirts, pants, and socks of various colors.

   b. Talk about different colored vegetables and fruits.

   c. Have a "red day" where everyone in the family has to wear something red. Eat something red at each meal, such as tomato juice for breakfast, an apple at lunch, and a radish for dinner.

2. Can you think of informal activities around the house that Barbara could use to teach her son time concepts?

Ideas: Use daily routine to reinforce time concepts:

a. Spend some time at breakfast talking about what you did yesterday. Encourage your child to talk about what he or she will do today.

b. Call attention to the one-thing-follows-another scheme of time learning. Let the child look at a bottle before feeding him or her. Show him or her a diaper before starting to change him or her.

c. Call the child's attention to specific times of the day: "It is 12 o'clock noon now and time to eat."

d. Include an attractive calendar in his or her room and announce each day as you awaken the child in the morning, "Time to wake up" and "Today is Monday."

3. Based on your personal experiences, what is the best advice you could give new parents about raising children? (Leader should write down some responses.)

Parent Summary Sheet

COGNITIVE DEVELOPMENT

Cognitive development begins at birth, continues as a lifelong process, and is part of all learning. It will be influenced by the learning potential that a child inherits, his or her health status, and the child's opportunities for interaction with other persons and with the physical environment.

DEFINITIONS

1. *Memory:* The child's ability to remember things and events.
2. *Concept Formation:* The child's ability to assign meanings to the events that involve him or her by the use of comparing, generalizing, and classifying skills.
3. *Perception:* The child's "sensing abilities," through touch, vision, hearing, taste, and smell.
4. *Problem-solving:* The child's ability to master new skills in social, motor, academic, and self-help areas.

Activities to Encourage and Enrich Cognitive Skill Development

Memory skills can be increased by:

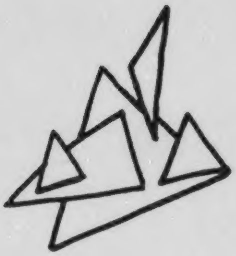
- "What's Missing?" games.
- Retelling a story.
- Eye-tracking games.
- Retelling what happened yesterday.
- Learning first, last, and middle names.
- Learning home address.

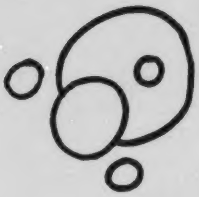
Concept formation can be encouraged by:

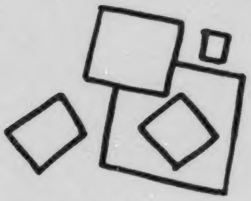
- Naming familiar objects.
- Using adjectives to describe the color, size, and shape of those objects.
- Matching colors, size, and shapes.
- Sorting colors, size, and shapes.
- Nesting pots and bowls.
- Playing "same and different" games.

Problem-solving can be encouraged by:

- Motor mastery, such as climbing, or riding a tricycle or scooter.
- Doing puzzles.
- Learning the rules of a game.
- Learning to get along with others.







Piaget's Stages of Cognitive Development (refers to handout 6-2)

Sensorimotor Stage:	Birth to two years.
Pre-operational Stage:	Two to seven years.
Concrete Operational Stage:	Seven to eleven years.
Formal Operations Stage:	Eleven years to adulthood.

SUGGESTED READINGS

Caplan, Frank. *The Parenting Advisor.* Garden City, N.Y.: Anchor Books, 1978.

Kelly, Marguerite, and Elia Parsons. *The Mother's Almanac.* Garden City, N.Y.: Doubleday, 1975.
Helpful suggestions of home activities to help develop a wide range of skills.

Mazollo, Jean, and Janice Lloyd. *Learning Through Play.* New York, N.Y.: Harper and Rowe, 1972.
A guide of home activities for the development of young children.

McDiarmid, Norma J. et al. *Loving and Learning: Interacting With Your Child from Birth to Three.* New York, N.Y.: Harcourt Brace Jovanovich, Inc., 1975.

Sparling, J., and Isabelle Lewis. *Learning Games for the First Three Years: A Guide to Parent/Child Play.* New York, N.Y.: Walker and Company, 1979.
One hundred suggested games to enhance a child's development. Games are cross-referenced to a developmental checklist.

Taetzsch, Sandra Zeitlin, and Lyn Taetzsch. *Preschool Games and Actitities.* Belmont, CA: Pitman Learning, Inc., 1974.

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Books

Beale, Betty. *Inexpensive Books for Parents of Handicapped Children: A Bibliography.* Montgomery, ALA: Southeast Regional Resource Center, Auburn University, 1978.

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Isaacs, Susan. *The Nursery Years: The Mind of the Child from Birth to Six Years.* New York: Schocken Books, 1968.

Klebanoff, Harriet. *Exploring Materials with Your Young Child and Home Stimulation for the Young Developmentally Disabled Child.* Boston, MA: Department of Mental Health, 1979.

Lorton, Mary. *Workjobs: Teachers' Resource Book.* Menlo Park, CA: Addison-Wesley, 1972.

Marzollo, Jean, and Janice Lloyd. *Learning Through Play.* New York, NY: Harper and Row, 1972.

Sharp, Evelyn. *Thinking Is Child's Play.* New York: Avon Books, 1970.

Singer, D. "Piglet, Pooh, and Piaget." *Psychology Today.* June 1972, pages 71-96.

Audiovisual Materials

How an Infant's Mind Grows. Parents Magazine. Soundstrip, 10 minutes. Relates what is known about the physical growth of infants to what is known about their mental growth and development.

Cognitive Development. McGraw-Hill Films. 16 mm color, sound, 18 minutes. Uses animation and imaginative special effects to present an overview of Piaget's proposed stages of cognitive development in terms of intellectual competencies.

Why and What If: Helping Language Development

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To present the concept of speech and language development as a process in which parents can assist.	167	10 minutes
Professional Presentation	To understand normal speech and language development, starting from birth and extending into the preschool years. To identify activities that will encourage speech and language development. To gain a basic understanding of difficulties that children may have with speech and language acquisition.	169	40 minutes
Parent Presentation	To provide a personal account of the problems of speech or language delay.	184	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To allow participants to think about their personal situations and to develop specific activities to improve problems.	185	40 minutes

Overview

Hearing a child's first word is an exciting experience for parents! Language is essentially communicating or exchanging ideas and information by means of listening, speaking, writing, reading, and making nonverbal expressions. Beginning with the baby's first cry and continuing well into the early school years, a child learns to master and understand speech and language. Development takes place in stages. Parents can assist with their child's speech and language development by understanding problems that may influence the development and by providing activities, experiences, and encouragement to help their child communicate.

Introductory Activity

The professional presenter should:

- Tell participants that parents have many questions about their child's speech and language development. All parents want their children to be able to communicate effectively in order to make their needs and wants known.
- Pass out "Speech and Language Development Quiz." Tell participants to take a few minutes to answer the questions.
- Allow five minutes to complete the quiz.
- End the activity by going over the answers to the quiz with participants using the following key:

1. F
2. T
3. F
4. F
5. T
6. T
7. T
8. T
9. F
10. T

SPEECH AND LANGUAGE DEVELOPMENT QUIZ

Directions: Circle *one* answer--T for true or F for false.

1. T F Children generally develop language skills at the same rate.

2. T F All children develop language skills in the same order.

3. T F The sequence of language development in the handicapped child is usually quite different from that of the normal child.

4. T F The "S," "L," and "R" sounds are among the first to be used by children.

5. T F The 12-24-month-old child can understand and follow simple, familiar directions.

6. T F Many normal children at about ages three to five appear to have a mild problem with stuttering, in that they often repeat words and/or phrases while speaking.

7. T F A four-month-old baby's crying in response to hunger is a type of language.

8. T F The three- to four-year-old child is able to talk in sentences, using past and future tenses.

9. T F A four-year-old child usually is not able to memorize rhymes or songs.

10. T F Alternate communication methods, such as those of "total" communication, are often used with mentally retarded children.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Have chalk and chalkboard available in the room.
- Arrange for audiovisual materials, supplies, and room equipment.
- Tell participants that some words need to be defined before proceeding with a discussion of language development.
- Write on chalkboard these terms: "speech," "language," "receptive language," and "expressive language."
- Use the following professional text to explain the concepts.

SPEECH AND LANGUAGE DEVELOPMENT

Definitions essential to understanding speech and language development are:

1. *Speech:* The production of sounds put together in such a way that a certain meaning is intended.

2. *Language:* A system for putting together meaningful sounds and movements, as well as the hearing and understanding of those sounds and movements. Language is the give-and-take of exchanging ideas by meaningful sounds, movements, and gestures.*

3. *Receptive Language:* Involves hearing and understanding the meanings of words, signs, or gestures.

4. *Expressive Language:* Involves using words, signs, or gestures to communicate meaning.

Suggested Activity 1

The professional presenter should:

- Pass out handout, "Functional Assessment: General Guidelines for Language Development" (7-1).
- Instruct participants to mark whether their child has mastered the skill by checking "yes" or "no."
- Allow ten minutes to complete the handout.

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*Adapted from Molloy, Julia S., and A. M. Matkin. *Your Developmentally Retarded Child Can Communicate.* New York, N.Y.: T. Y. Crowell Co., 1975

- At the end of the time period, ask participants to look for the last age level where they checked "no" more often than "yes." Tell them that this is approximately the age level where their child is functioning in speech and language development.
- Stress that there is a wide variation in the ages at which children develop specific language skills.
- End the activity with the thought that knowing their child's developmental level can help parents provide activities, experiences, and language examples appropriate for the child's level and that will encourage language development.

WHY?
WHAT?
WHO?

STAGES OF SPEECH AND LANGUAGE DEVELOPMENT

A child's language development progresses through definite stages. The sequence of stages is usually the same for all children, but the ages at which the stages are achieved may differ. Mary D. Laney, in *Talk! Talk! Talk! Language Curriculum for the Preschool,* provides the following description of language.

Birth to Twelve Months

Much of the strageness and newness of a baby's world is created by the numerous sounds that bombard his or her environment--voices, birds, radios, televisions, and assorted other sounds. A child's awareness and reception of these environmental sounds form a foundation on which he or she builds receptive speech and language. Because the child will use the sense of hearing as one primary means of learning, it is very important that he or she develop an auditory awareness of sounds. Through reception of sounds and auditory awareness, the child will learn to interact with and learn from the environment.

At this stage in development, a child will also learn to produce sounds and to imitate the sounds made by other people. Both spontaneous production and imitation of sounds by the child are important prerequisites for expressive speech and language.

Meaningful interaction with adults is important to a child's present and future abilities to interpret and interact with his or her environment. Even at this early age, a child will begin responding to adults, especially his or her parents, and will learn to use adults as resources in providing meaningful interpretations of various environmental situations.

Twelve to Eighteen Months

At this stage in a child's language development, social responses and behaviors are notably increasing. Likewise the child's receptive (comprehension) and expressive (verbalization) vocabularies are developing to include labels for all new objects, foods, people, and situations he or she is becoming familiar with. Due to improved control over the movements of body parts, the child is quite mobile and directs his or her movements to interact with other people, entertains himself or herself, investigates the environment, and satisfies personal needs.

Some speech and language skills that develop between birth and 18 months are shown below:

	SPEECH AND LANGUAGE SKILLS
Age	Speech and Language Skills
0 to 1 month	Makes reflective vocalizations (cries, whimpers, grunts, sighs);undifferentiated crying.
3 to 4 months	Makes vocalizations when hungry, tired, or irritated; differentiated crying.
4 to 8 months	Smiles, laughs, and squeals; discovers sound; makes "individual" sounds of seven vowels and five consonants. Repeats or mimicks sounds heard (lallation); produces vowel and consonant sounds in the front of the mouth; enjoys listening to babble.
8 to 12 months	Makes "individual" sounds, such as babbling and echoing ten vowels and nine consonants; laughs, imitates sounds, and repeats syllables of some words; has vocabulary of one or two words; vocalizes for pleasure.
12 to 18 months	Produces true speech; associates meaning to sound; says one-word sentences and names objects.

BYE-BYE.
THAT!
JUICE?
WHY ??
SEE?
ALL GONE!
MOMMA!!

Eighteen Months to Three Years

At this stage, language development speeds up as the child acquires more knowledge and broadens his or her range of experiences. The child's vocabulary expands rapidly.

VOCABULARY GROWTH	
Age	Approximate Number of Words
1 to 1½ years	22-25 words
1½ to 2 years	50 words
2 years	270+ words
2½ years	450 words
3 years	850-900 words

At about twelve months, children begin to use words meaningfully. Initially, they combine single words with gestures and actions to express themselves. Some ways in which children use language are listed below:

- Naming objects, events, or persons.
- Bringing attention to objects, events, or persons.
- Acknowledging the recurrence of an object, event, or person.
- Asking for something or someone.
- Indicating awareness that something is gone or finished.
- Refusing to do something.
- Refusing to accept an object, event, or person.

Gradually, the child begins to put words together, using various combinations of nouns, verbs, and objects. Also, the child uses language to express:

- Possession: "mine."
- Attribution: "little," "green," "long."
- Location: "where?"

At approximately two years, children begin using two words at a time and/or adding word endings (called "morphemes") to describe actions, objects, and persons more specifically. Examples are:

- Word endings: "walking," "hats."
- Contractions: "she's," "he's."
- Prepositions: "in," "or."
- Articles: "the," "a."

Suggested Activity 2

The professional presenter should:

- Tell participants that another aspect of a child's language development is the acquisition of sounds.
- Write the word "phonemes" on the chalkboard.
- Tell participants that, in the absence of any auditory, perceptual, or physical weaknesses, a child will learn to use sounds (phonemes) in an orderly fashion.
- Pass out handout, "Chart of Consonant/Phoneme Sound Development" (7-2).
- Review sounds in each group, beginning with age two years, 0 months.
- Ask participants to continue through each age level and circle each sound they think their child can produce.
- Ask why it might be easier for the child to reproduce the earlier sounds and more difficult for the child to say later sounds.
- End the activity with the thought that sound acquisition is a sequential pattern, and parents should be aware of stages so they can determine the ages at which speech and sound acquisition are possible.

PROBLEMS IN SOUND ACQUISITION

The acquisition of sounds and sound usage in language is a complex skill that may be impeded or slowed down by a variety of problems:

1. *Hearing problems.* An impairment in hearing can disrupt the child's development of consonant sounds in a variety of ways, depending on the type of and severity of the hearing loss. Generally, a high-frequency hearing loss will cause difficulty with acquisition of such high-frequency sounds as "s," "z," "f," "th," and "ch." A low-frequency loss, usually associated with middle-ear infections in children from birth can result in minimal auditory deprivation of hearing acuity in the lower frequencies. This condition will deprive the child of input necessary for the development of lower frequency sounds such as vowels.

2. *Motor problems.* A lack of coordination or a discoordination of oral-speech musculature can cause a child to have difficulty in sound usage. Cerebral palsy, cleft palate, brain damage, muscular dystrophy, and some nervous disorders can result in dysarthria (a discoordination of speech musculature) or apraxia (a lack of coordination in speech musculature), as well as other oral-mechanism difficulties that will impede normal sound acquisition. If children with motor problems have hearing and auditory perceptual skills that are not impaired, they will be able to understand and process speech sounds correctly. They will have difficulty *producing* rather than *comprehending* speech sounds.

TECHNIQUES AND ACTIVITIES TO ENCOURAGE SPEECH AND LANGUAGE DEVELOPMENT

Parents respond to their child's language development by understanding and accepting the child at his or her functioning level. Next, they can provide activities and interaction opportunities that will encourage the child to use speech and language and that will stimulate his or her growth. Listed below are objectives that need to be met at each stage of language development. Also included are suggested activities, to be presented when a parent is not rushed and can give the child some uninterrupted time. The activities are designed to be fun and to help the child associate pleasant experiences with talking.

<table>
<tr><th colspan="2">SPEECH AND LANGUAGE DEVELOPMENT</th></tr>
<tr><td colspan="2">Birth to Twelve Months</td></tr>
<tr><td><i>Objective(s):</i></td><td><i>Suggested Activities:</i></td></tr>
<tr><td>• Help child develop an awareness of sounds.
• Encourage child to interact with adults.</td><td>• Child turns eyes or head to locate source of human voice.
• Child imitates "Mama" and "Daddy."
• Child claps hands, imitates "pat-a-cake."</td></tr>
<tr><td colspan="2">Twelve to Eighteen Months</td></tr>
<tr><td><i>Objective(s):</i></td><td><i>Suggested Activities:</i></td></tr>
<tr><td>• Help child develop receptive (comprehension) and expressive (verbalization) vocabularies.</td><td>• Child carries out simple instructions.
• Child understands and answers such social responses as, "How are you?" "I am fine, thank you."
• Child develops concepts and words to label and identify motor movements.</td></tr>
<tr><td colspan="2">Eighteen to Twenty-four Months</td></tr>
<tr><td><i>Objective(s):</i></td><td><i>Suggested Activities:</i></td></tr>
<tr><td>• Continue encouraging vocabulary growth.
• Aid child in linguistic organization of his or her experiences.</td><td>• Child identifies four selected articles of clothing in response to, "Touch your <u>(designated article of clothing)</u>."
• Child gives own name in response to, "What's your name?"</td></tr>
<tr><td colspan="2">Twenty-four Months to Preschool</td></tr>
<tr><td><i>Objective(s):</i></td><td><i>Suggested Activities:</i></td></tr>
<tr><td>• Promote child's skills in making word combinations and start sentences.
• Work with child on forming initial grammatical relationships.
• Emphasize language concepts, vocabulary, and linguistic constructions.</td><td>• Child plays games involving make-believe: "Let's pretend we are going on a trip. What clothes can we take with us?"
• Child plays games, such as, "Who's Got the Peanut?"
• Child is encouraged to use language by answering such questions as, "What do you see?" "What is this?"</td></tr>
</table>

Parents can also encourage language development by doing these things with their child:

- Read to child. Try reading nursery rhymes, picture books, poems, and books without words.
- Sing to child. Little rhymes and popular songs will interest a small child.
- Play with child. Provide him or her with a wide variety of experiences inside and outside the home.
- Talk to child. Include a wide variety of topics.
- Encourage child to talk. Try to set aside times when he or she can converse with parents or family members without being interrupted. Remember, using language is a very complex skill. It takes time for little ones to put their thoughts into words.

"BAA, BAA, BLACK SHEEP..."

"THIS LITTLE PIGGY
WENT TO MARKET..."

"MARY HAD A
LITTLE LAMB..."

DIFFICULTIES IN LANGUAGE ACQUISITION

Various problems will influence a child's language growth:

1. *Physical disability.* In some cases, a child with a physical disability may experience a delay in the normal language learning processes because he or she has not been exposed to many of the cognitive experiences of normal children. The child's knowledge of the environment (involving individuals, objects, events, and so on) is limited by lack of experience and, thus, language growth is slowed.

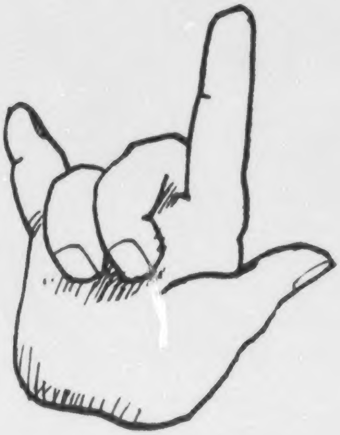
2. *Hearing impairment.* If a child suffers a moderate-to-severe hearing loss, not only is his or her sound acquisition impaired, but the child's exposure to language and word usage in the environment is limited or restricted. Early detection and use of hearing aids will successfully provide auditory input to aid some children's learning of language. Other children may learn to use alternative communication modes, such as sign language.

3. *Mental retardation.* Intellectual impairment is associated with a delay in cognitive and language growth. Although it is believed that a mentally retarded child develops language skills in the same sequence as a normal child, his or her developmental rate is slower. The degree of impairment may largely influence the rate of cognitive and language development. The use of sign language and/or various visual symbol systems provide alternative language modes for such a child. Parents aided by the advice of teachers or other professionals, should make the choice about whether their child will benefit from these systems.

4. *Autism.* A child with autism often develops language skills in unusual, unpredictable, or bizarre sequences. Parents should not expect that their child will necessarily develop language in the same sequence as the normal child. It is recommended that they seek advice from their physician, a psychologist, and a language/speech pathologist when implementing a language-development program for their child.

TOTAL COMMUNICATION

Total communication involves the use of sign language and spoken language together. In a total-communication approach, a child is taught a set of signs that represent such common words as "want," "eat," "drink," "go," "more," "toilet," "cup," "cookie," and "juice." As the child learns to express personal needs through sign, he or she makes more attempts at using words as well. For receptive teaching, a parent or teacher makes the sign for a word while saying the word. In expressive exercises, the child is taught to make the sign and to speak the word at the same time. As the child gradually learns to say a word well, he or she can discontinue making the sign.*



"I LOVE YOU."

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*Adapted from Baker, Bruce L. et al. *Steps to Independence: Speech and Language, Level 1.* Champaign, IL: Research Press, 1978.

FUNCTIONAL ASSESSMENT

General Guidelines for Language Development

Directions: Read through these general guidelines, then place a check in the "yes" column if your child has mastered the task or a check in the "no" column if not.

General Guidelines for Language Development

0 to 12 months	Yes	No
Vocalizes other than crying and/or noises--makes comfort sounds		
Babbles (regularly repeats a series of same sounds: ma ma ma ba ba)		
Turns head toward a sound or a voice		
Laughs out loud or smiles when played with by another person		
Responds to own name or "no-no" by looking and/or stopping activity		
Imitates sounds modeled by adult (e-e-e; m-m-m; car noises, etc.)		

	Yes	No
12 to 24 months		
Vocalizes nonsense or jabbers when playing alone		
Shows shoes or other clothing on adult command		
Waves bye-bye or claps hands on verbal command (no demonstration)		
Points to desired objects (gestures to communicate needs)		
Responds appropriately to "sit down," "stand up," "come here"		
Points to self on request. "Where's Johnny?"		
Echoes some words and phrases he hears or echoes what he says himself		
Uses common expressions learned as single words (uh-oh, bye-bye, all gone, okay, hi, no, etc.)		
Imitates environmental sounds in play (motors, animal sounds, etc.)		
Uses verbs without indication tense (set, eat, etc.)		
Uses single words to communicate wants or desires--may say "want" and point to object (shoe, apple, car)		
24 to 30 months		
Talks to himself continually as he plays, using words		
Sings phrases of songs, generally not on pitch		
Puts two or more words together to form simple sentences: (want milk, boy kick, kick ball, sit chair, etc.)		
Asks for "another" or "more" (more milk, another cookie)		
Repeats four single words on verbal commands (birdie, ball, kitty, dinner)		
Responds to 2-part related commands (ex. Pick up the paper and put it in the trash can)		
30 to 36 months		
Identifies action in pictures--walking, sitting, throwing, flying, etc. ("Show me eat/sleep/run" etc.)		
Can state first and last name upon request		
Uses pronouns I, me, you, but not always correctly		
Name actions in pictures with verb (cry) or verb ending in "ing" (crying)		
Points to hair, mouth, feet, ears, hands, eyes on picture when asked		
Uses plurals that end in "s" or "z" sound (balls, cars, trees, etc.)		

	Yes	No
Vocally expresses desire to take turns (but may not want to share himself)		
Can indicate where fingers and shoes are when asked		
Can answer correctly "Are you a boy or a girl?"		
Uses some irregular past tenses of verbs (saw, feel, gave, etc.)		
36 to 48 months		
Recites poem or simple song from memory		
Identifies action vs. "not" action (ex.: Show me the boy who is not sleeping)		
Can follow 2-part unrelated commands (ex.: Get the book and turn off the light)		
Refers to himself by pronoun (I want, give me, etc.)		
Relates experiences, describes activities (vague, one-sentence descriptions) when asked (ex.: What did you have for breakfast? Where did you put your picture, etc.?)		
Asks many "wh" questions (when, what, where, why, etc.)		
48 to 60 months		
Follows 3-stage unrelated command made by an adult who does not use gestures when giving commands. (Pick up can, put paper on table, close door)		
Can put self in positions of "beside, between, and move forward and backward" when requested		
Uses many "how," "why," and "what if" questions		
Can verbally list a number of things to eat		
Answers simple who, what, where questions after listening to a story		
Understands terms indicating past, present, future, but may not use them when speaking (yesterday, today, tomorrow)		
Uses comparative forms of adjectives (big/bigger, small/smaller)		

60 to 72 months

	Yes	No
Speaks fluently and correctly except for confusions of s/f/th		
Understands "if, because, when" in sentences used by others		
Gives age and usually birthday (not usually year of birth).		
Defines concrete nouns by use ("What is a ball?" "It bounces.")		
Answers "why" questions with an explanation		
Asks the meaning of abstract words		
Answers "how" questions and understands causal relationship		
Uses future, present, and past tense of verbs (will jump, jumps, jumped)		

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CHART OF CONSONANT/PHONEME SOUND DEVELOPMENT*

The following chart outlines the sequence of consonant/phoneme sound development and the approximate ages at which most children are able to use the sounds correctly.

Age	Phoneme/ Sound Symbol	English Orthographic Symbol	Example
2 years, 0 months	m n h p ŋ	m n h p ng	mama no hi papa ring
2 years, 4 months	f d k g j	f d k,c g y	fun dad kitty-cat go you, yes
2 years, 8 months	b t w	b t w	bunny top win
3 years, 0 months	s	s, "soft" c	bus, race
3 years, 4 months	r l	r l	run lake
3 years, 8 months	+S s	ch sh	chin shoe
4 years, 0 months	z v θ ð dz Z	z v "soft" th "hard" th Jj,dg si	zoo van thanks this, that jump, bridge television, conversion

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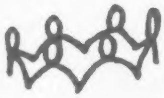
*Adapted from Prather, E., et al. "Development in Children Aged Two to Four Years," *Journal of Speech and Hearing Research*, Vol. 40, 1975.

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Elaborate on your handicapped child. Tell participants at what level your child is functioning in speech and language development.
- Explain what programs are implemented at school to encourage his or her cognitive and language growth.
- Discuss some activities with participants that you have used at home to aid in your child's cognitive and language growth. This discussion should include both the information describing the activity and the goal being targeted by the activity.
- Discuss these questions with participants: During which activities in your daily routine does your child most frequently attempt to communicate or vocalize? (Activities might include mealtime or bathtime.) How can these routine daily activities be used to encourage your child's cognitive and language growth?

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Tell participants you are going to brainstorm with them for language activities that would help their child to associate pleasant experiences with talking and therefore encourage language development.
- Briefly review the course of speech and language development, starting from birth and extending into the preschool years.
- Write on chalkboard or chart on paper the age levels "Birth to Twelve Months," "Twelve to Eighteen Months," "Eighteen Months through preschool."
- Ask participants to suggest an appropriate activity for each age level.
- When ideas seem to be slowing down, refer to "Activities for Speech and Language Development" (7-3).
- Ask participants to refer back to the "Functional Assessment: Guidelines for Language Development" (7-1) to recall where their child is functioning.
- Tell them to find some activities from the list that will be interesting for their child and appropriate for his or her functional level.
- Ask participants to write on the functional assessment two activities that they will try with their child in the coming week.
- End the discussion with the thought that parents of a young child can assist greatly in speech and language development.
- Pass out handout, "Activities for Speech and Language Development" (7-3) to participants.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

ACTIVITIES FOR SPEECH AND LANGUAGE DEVELOPMENT

These activities are planned to be fun for you and your child. They will encourage good parent-child interaction and will help your child associate good experiences with talking. Relax, and enjoy having fun with your child. Pressure has no place in your child's efforts to learn to talk!

Birth to Twelve Months

- Copy sounds that your baby makes: cooing, babbling, early words, "mm," "mama," and so on.
- Talk or imitate your baby when you dress, feed, or change him or her.
- Let baby hear as many different sounds as possible.
- Bring to baby's attention different sounds around him or her, such as door bell ringing, vacuum cleaner running, dog barking, and rattle rattling.
- Sing to your baby.
- Read nursery rhymes to your baby.
- Teach your baby his or her name.
- Play finger games with your baby, such as "Jack Be Nimble" or "This Little Pig Went to Market."

Twelve to Eighteen Months

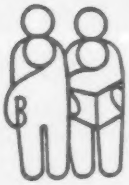
- Teach child body parts.
- Have child follow simple directions, such as "Touch your nose" or "Come to Mommy."
- Talk to your child beforehand about what is going to happen on an outing to the supermarket, to the park, or to visit grandparents.
- Name the objects in the home as you use them or your child plays with them.
- Make a special scrapbook or picture book about your child.
- Encourage your child to talk to his or her image in the mirror.

Twelve to Eighteen Months

- Have your child talk on the phone with grandparents, friends.
- Read to your child.
- Let your child listen to records.
- Have your child talk about outings before they occur, while you are participating in them, and after they are over. Encourage talk by asking, "What did we see first?" "Then what did we do?"
- Encourage child to play with other children.
- Give your child time to practice new speech and language skills in bed.

  -Use short words and phrases when conversing with child.
  -Talk with child and give him or her a chance to express personal views.
  -Define common words for child.
  -Give word associations, such as "drink from a cup."
  -Subscribe to children's magazines, such as *Humpty Dumpty* and *Jack and Jill*, and read them out loud to child.

Parent Summary Sheet



Hearing a child's first word is an exciting experience for parents! Language is essentially communicating or exchanging ideas and information by means of listening, speaking, writing, reading, and making nonverbal expressions. Beginning with the baby's first cry and continuing well into the early school years, a child learns to master and understand speech and language.

DEFINITIONS

1. *Speech:* The production of sounds put together in such a way that a certain meaning is intended.
2. *Language:* A system for putting together meaningful sounds and movements, as well as the hearing and understanding of these sounds and movements. Language is the give-and-take of exchanging ideas by meaningful sounds, movements, and gestures.*
3. *Receptive Language:* Involves hearing and understanding the meanings of words, signs, or gestures.
4. *Expressive Language:* Involves the use of words, signs, or gestures to communicate meaning.

TECHNIQUES AND ACTIVITIES TO ENCOURAGE SPEECH AND LANGUAGE DEVELOPMENT

1. *From birth to twelve months,* activities should focus on helping child to develop an awareness of sounds and to interact with adults:
   a. Child turns eyes or head to locate source of human voice.
   b. Child imitates "Mama" and "Daddy."
   c. Child claps hands, imitates "pat-a-cake."
2. *From twelve to eighteen months,* activities should focus on developing the child's receptive and expressive vocabularies:
   a. Child carries out simple instructions.
   b. Child understands social responses, such as "Hello" and "How are you?"
3. *From eighteen to twenty-four months,* activities should continue encouraging vocabulary growth.
   a. Child identifies four selected articles of clothing in response to "Touch your (designated article of clothing)."

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*Molloy, Julia S., and A. M. Matkin. *Your Developmentally Retarded Child Can Communicate.* New York: T. Y. Crowell, 1975.

   b. Child gives own name in response to, "What's your name?"

4. *From twenty-four months to preschool,* activities should promote the child's learning to make word combinations, short sentences, and initial grammatical relationships.

   a. Child plays games involving make-believe: "Let's pretend we are going on a trip. What clothes can we take with us?"

   b. Child answers questions, such as "What do you see?" "What is this?"

Additional suggestions to aid language development.

- *Oral Language.* Be a good speech model for your child. Speak to him or her often.
- *Nonverbal Contacts.* Communicate with a touch, smile, or hug.
- *Questioning.* Ask questions that can lead to open conversations.
- *Listening.* This art is as important as speaking for both parent and child.
- *Encouragement.* Provide children with experiences they can share with you.
- *Reading.* Read to your child and listen to your child read. Tell stories.

When you have questions about your child's language development, remember:

1. Problems in sound acquisition can be caused by:
   a. Hearing impairment.
   b. Motor problems.
2. Problems in language and cognitive development can be caused by:
   a. Physical disabilities.
   b. Hearing impairment.
   c. Mental retardation.
   d. Autism.

SUGGESTED READINGS

Beck, M. S. *Baby Talk: How Your Child Learns to Speak.* New York: New American Library, 1979.
Ways that children approach and deal with language, from making their first distinct sounds to mastering speech and writing.

Cole, Ann, et al. *I Saw a Purple Cow and 100 Other Recipes for Learning.* Boston, MA: Little, Brown and Company, 1972.

DeVilliers, Peter A., and Jill DeVilliers. *Early Language.* Cambridge, MA: Harvard University Press, 1979.
Discussion of language acquisition process from birth to school age.

Karnes, Merle B. *Helping Young Children Develop Language Skills: A Book of Activities.* Reston, VA: Council for Exceptional Children, 1968.

Molloy, Julia, and A. T. Matkin. *Your Developmentally Retarded Child Can Communicate.* New York: T. Y. Crowell Company, 1975.

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Baker, Bruce L. *Speech and Language (Levels 1 and 2).* Champaign, IL: Research Press, 1978.

Baker, Bruce L. et al. *Steps to Independence: A Skills Training Series for Children with Special Needs.* Champaign, IL: Research Press, 1978.

Battin, R. Ray et al. *Speech and Language Delay: A Home Training Program.* Springfield, IL: Charles C. Thomas, 1978.

Brooks, William et al. *Your Child's Speech and Language: Guidelines for Parents.* Lawrence, KS: H & H Enterprises, 1978.

Brown, Roger. *A First Language: The Early Stages.* Cambridge, MA: Harvard University Press, 1973.

Karnes, Merle. *Helping Young Children Develop Language Skills: A Book of Activities.* Reston, VA: Council For Exceptional Children, 1968.

Leitch, Susan. *A Child Learns to Speak: A Guide for Parents and Teachers of Preschool Children.* Springfield, IL: Charles C. Thomas, 1977.

Molloy, Julia and A. T. Matkin. *Your Developmentally Retarded Child Can Communicate.* New York: John Day Company, 1975

Muma, John R. *Language Handbook: Concepts, Assessment, Intervention.* Englewood Cliffs, NJ: Prentice-Hall, 1978.

Spradley, James, and Thomas Spradley. *Deaf Like Me.* New York: Random House, 1978.

Wing, Lorna. *Autistic Children.* Secaucus, NJ: Citadel Press, 1979.

Audiovisual Materials

Child Development: Program 2, The Toddler. Butterick Publishing.
Filmstrip with audiocassette.
Explores developmental stages and describes characteristics of each stage. Addresses the fact that language emerges when needed and useful. Also emphasizes that parents need to talk with their children.

The Developmental Psychology Today Series: Language Development.
McGraw-Hill Films. 16 mm, color, 20 munutes.
Notes that all children progress through the same sequence of language stages at the same rate. Through animation, shows how an infant progresses vocally in the first few months.

Concrete Steps. Concord Films. 16 mm, color, 27 minutes.
Discusses the importance of language stimulation in the education of developmentally delayed children and shows how the parents can help.

Human Development: First 2½ Years Series. Concept Media.
Filmstrip, color, with audiocassette.
Explains the stages and sequences of language acquisition and development: cooing, babbling, syncretic speech, and telegraphic speech. Also discusses environmental influences on language development.

It's Mine: Improving Social Skills

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To assess participants' knowledge of social/emotional growth concepts.	195	10 minutes
Professional Presentation	To understand the meaning of social/emotional behavior and its normal development. To become aware of social/emotional disorders of young children. To become knowledgeable about the variety of factors that influence the development of self concept.	197	40 minutes
Parent Presentation	To recognize the difficulties that parents of a handicapped child have in fostering child's positive self concept.	208	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To allow participants to share concerns they have about their children's social/emotional development.	209	40 minutes

Overview

Social and emotional growth is a lifelong process. Social development is the ability to get along effectively with others. It is important for children to acquire interpersonal skills; to be able to listen to and respond to people; to respect the rights of others; and to maintain relationships and friendships. Emotional development has to do with the appropriate handling of feelings. Parents want their children to gain self-awareness; to be able to identify interests, strengths, feelings, and needs; and to gain self-confidence.

Skills involving social and emotional growth, combined with language, cognitive, and self-help skills, develop in a progressive pattern. The desired result is independence; assumption of responsibility; resolution of conflicts; and an understanding of the need for goals and the decision-making process.

The natural development of these skills will usually enhance a person's self concept. However, because a handicapped child matures more slowly, his or her rate of social and emotional growth may be frustrating for the parent as well as for the child.

Introductory Activity

The professional presenter should:

- Tell participants you are going to give them a pretest about issues associated with social and emotional growth in young children.
- Pass out handout, "Social/Emotional Growth Pretest."
- Allow five minutes to complete pretest.
- At the end of the time period, tell participants that these issues will be discussed in the professional presentation and that the pretest will be checked then.
- End the activity with the thought that social and emotional growth is a lifelong process but that parents can help their children gain self-awareness and independence by identifying and enhancing certain skills.

SOCIAL/EMOTIONAL GROWTH PRETEST

Directions: Answer the following questions, T for true or F for false:

_____ 1. A young child who is very attached to either parent or both parents is likely to become overly dependent on them.

_____ 2. A baby who is picked up frequently will be spoiled.

_____ 3. It is not normal for a four-year-old to cry when his or her mother leaves the house.

_____ 4. When a three-year-old child says "mine," it means that he or she is selfish and will always have trouble sharing.

_____ 5. Developing independence is a lifelong process.

_____ 6. Behavior symptoms that continue with little progress may be a cause for concern. (An example would be bed-wetting at six years old.)

_____ 7. Emotionally disturbed children are always the victims of parent neglect.

_____ 8. Two-year-olds can understand another person's viewpoint.

_____ 9. Parents are the main teachers for social/emotional development in young children.

_____10. By age five, children should begin to understand and express their feelings.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

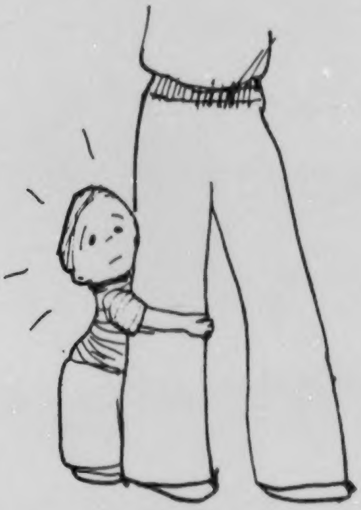
Suggested Activity 1

The professional presenter should:

- Tell participants it is important to know their child's stage of social and emotional growth so that they can understand their child's behavior and provide appropriate activities for the child.
- Pass out handout, "Functional Assessment: General Guidelines for Social Development" (8-1).
- Instruct participants to mark whether their child has mastered a particular social and emotional skill by checking "yes" or "no."
- Allow ten minutes to complete handout.
- At the end of the time period, ask participants to look for the last age level where they checked "no" more often than "yes." This is approximately the age level where their child is functioning in social/emotional development.
- Stress that there is a wide variation in the ages at which children develop specific social/emotional skills.
- End the activity with the thought that social and emotional growth follows a progressive pattern regardless of the child's chronological age.

ATTACHMENT AND BONDING

Social development actually begins with the newborn who learns very early in life to discriminate the human form and voice from other sights and sounds. Parents attend to the newborn's obvious physical needs, such as food, dry clothing, and sleep. An emotional need that is equally important is the attachment and bonding of the primary caretaker and baby, which will lay the foundation for emotional security and trust. The newborn baby needs close, warm, human contact--the touch and smell of the primary caretaker, and the gentle stimulation that comes from movement and bodily contact. The smiling, responding face and direct eye contact, can be instantly comforting to the infant and rewarding to the person initiating the contact. This mutual delight with each other is at the heart of attachment and bonding.



Separation and Stranger Anxiety

Once a bond is formed, the child can react negatively when he or she is away from the person who has cared for him or her as a newborn. Around ten months of age, the baby may cry when the primary caretaker leaves the room or the child may cling pathetically at the door when he or she leaves the house. This type of behavior seems to be normal and may indicate a strong bonding and attachment, although according to Garwood, in his book *Educating Young Handicapped Children--A Developmental Approach,* research may not prove this theory to be true.

As the child gets older, parents can help the child deal with separation anxiety by discussing ahead of time when they are going out, by letting the child know that they will miss him or her, and by telling the child they will be back again. If the parents both work outside the home, they should choose a responsible person to be with the child. In addition to being trustworthy, the person should be approachable so that parents can talk over any child-rearing problems that may arise.

Stranger anxiety is based on the same theory as separation anxiety--that toward the end of the first year of life, the child's cognitive ability is developed to the point that he or she can distinguish good feelings for what is known and bad feelings for what is unknown.

Awareness of Self

As the child approaches his or her second birthday, the strong attachment with parents may give way to more social interaction with others. The child is beginning to feel secure, explore his or her environment, and expand socially, due to increasing skills in physical, cognitive, and language development.

Children begin to form an identity about themselves as they discover body parts. In mirror play, infants that are six to twelve months old do not realize that the image they see in the mirror is related to them. But by the end of the second year, children recognize themselves in the mirror and have learned to verbally label "eyes," "ears," "me," and "mine." Parents can help children understand their relationship to others in the family, teach them their name, and help them recognize their own toys and other belongings apart from those of others. Children should learn to play by themselves for some time each day so they can visualize themselves as separate beings. Toys should be at the appropriate developmental level so as not to cause frustration.

Children are also made aware of themselves as they come to know their biological sex, acquire values, and adopt behavior appropriate to their sex. At age three, children know the label "boy" and "girl," but tend to associate it with clothing and hairstyle, not realizing that their sex is constant. At age five or six, they finally come to understand the relationship between sex and genital differences, and show consistent imitation of the same-sex parent and other adults.

Awareness of Others

The progression of social/emotional development moves from self-centered awareness of self to social-centered awareness of others. Children begin relating to others with parallel play, playing alongside other children without disrupting their activities. Later they begin associative play, interacting and playing with others with little friction. As the child's cognitive skills develop, he or she begins to be able to see things from another's point of view (sometimes as early as age three),and gains the ability to role-play and feel an emotion experienced by another person.

Parents can help their children be socially accepted by emphasizing manners (saying "please" and "thank-you"); by teaching them to respect the rights and properties of others; by providing opportunities for them to play with other children, and by teaching them game skills, such as taking turns and sharing. Simple games that stress socially accepted skills include rolling a ball back and forth, see-saw, follow-the-leader, or beanbag toss.

The acquisition of social skills is a slow and gradual process that is directly related to physical and cognitive capabilities. Children who develop effective social interaction skills seem to have an advantage over those who do not, and they retain their positive social and emotional image as they approach school age.

Development of Independence

Independence is the hallmark of a well-developed, emotionally mature person. It reflects a certain level of security and self-esteem. The closer we are to someone, the more easily we can become independent of that person.

Suggested Acitivity 2

The professional presenter should:

- Tell participants they are going to look at a chart about the stages of independence, progressing from birth to adulthood.
- Pass out handout, "Developing Independence for Your Child" (8-2).
- Go over the stages.
- Ask participants of handicapped children to check a stage that could be a desired goal for their handicapped child.
- Discuss whether a handicapped child can develop independence if he or she cannot achieve all of the stages listed on the handout.
- End the activity with the thought that because the maturation of a handicapped child may be slower, so will the stages of social and emotional growth, but that independence is a goal for all people.

Alternate Suggested Acitivity 2

If many of the participants are parents of non-handicapped children, the professional presenter should:

- Obtain videotape from the Footsteps Series "Focus on Parenting," entitled *Love Me and Leave Me.*
- Tell participants that this videotape deals with the normal sequence of development of attachment and independence.
- Write on the board the following questions: (1) Is the little girl having a hard time adjusting to childcare? (2) How do the mother and the teacher make the little girl seem more secure?
- Ask participants to look for the answers while watching videotape.
- Show videotape (30 minutes).
- At the end of the videotape, discuss the following: (1) Would going to Bob's family reunion and meeting his relatives have helped April separate from Sheila and become more independent? (2) What are some common separations between parent and child?
- End the activity with the thought that separation anxiety is a natural part of growing up and becoming independent.

EMOTIONAL/SOCIAL DISORDERS OF YOUNG CHILDREN

The child's growth and development does not always proceed at an even rate. Emotionally, socially, intellectually, and physically, children grow by jumps and spurts; yet the general trend should be toward self-mastery and independence. A handicapping condition may be present if certain behavior symptoms do not yield to common-sense approaches and continue unaltered as time goes on.

Identifying the Problem

1. In infancy, the child experiences difficulty with basic biological functions or with early social responses.

2. At the toddler stage, the child experiences difficulty with talking and may have shown a lack of progress toward ordinary developmental milestones.

3. The child may exhibit developmentally inappropriate and persistent behaviors, such as tantrums, anxieties, fighting, stealing, lying, or bed-wetting.

4. The child may experience withdrawal from the world and have a tendency to live continuously within himself or herself.

5. The child may have frequent depression and discontent.

6. The child may have a tendency to complain of minor physical symptoms associated with emotional disturbance.

7. The child may exhibit an inability to learn that cannot be explained by intellectual, sensory, or health factors.

8. The child may not be able to build or maintain satisfactory interpersonal relationships with peers and teachers.

9. The child may be unable to deal with complex situations and demands for age-appropriate behavior by showing such signs of immaturity as short attention span, preoccupation, clumsiness, daydreaming, sluggishness, preference for younger playmates, and tendency to be "picked on" by others.

Finding Help

Disturbed children make people uncomfortable. They are not pleasant to be around and are often miserable themselves. Their behavior rarely meets the adult expectations, and it is soon obvious that something must be done to alter the situation.

Parents who decide to turn to professional sources for advice about a child's development should look for someone who has had intensive training in the special problems of children's emotional growth. One myth that parents must deal with implies that emotionally disturbed children are victims of parent mismanagement, and that if treated kindly, permissibly, and with insight into the meaning of their behavior, they will improve quickly and dramatically. Once parents of a handicapped child can get over guilt and defeat, they understand they must be an active part of a team and give their attention to what part they should play in bringing about change. A professional counselor, psychiatrist, psychologist, or social worker may help parents find constructive solutions.

SOCIAL/EMOTIONAL GROWTH FOR THE HANDICAPPED CHILD

As we have seen, the normal sequence of social and emotional development includes sucking, rooting, crying, and postural adjustments to being held. These are followed by the infant's ability to maintain eye contact. As the child develops, he or she can signal to the caretaker his or her needs and wants. The child learns to smile, vocalize, and reach out but still cries to signal a behavior. Later, clinging and approaching behaviors follow, with verbal communication continuing the progression that permits sound interactions to take place.

Parents of handicapped children face special problems in their children's social/emotional area of growth. In the early attachment and bonding stage, the infant with very high or low muscle tone will not respond to patterns of handling in such a way as to elicit positive feelings in the caretaker. The child who is blind cannot communicate a sense of relationship to the caretaker by gazing intently into his or her eyes. The infant who smiles late or infrequently has a limited capability to pleasurably reinforce the efforts of the caretaker to support the development of the child.

Parents of handicapped children must learn different techniques to help their children develop self concept and provide themselves with rewards. Parents need to learn to respond to the infant's communication of distress, especially if the child seldom cries. Parents also need to find a comfortable way to hold the child so that the experience is pleasant for both. Parents may tend to communicate with an older child on a level that is beyond the child's capabilities. A communication system may need to be developed so that the frustration level for both parent and child will be reduced.

Suggested Activity 3

The professional presenter should:

- Tell participants to take out the "Social/Emotional Growth Pretest" in the introductory activity.
- Allow a few minutes to see if anyone wants to change any answers.
- Begin correcting the pretest with the following key. Discuss the issues as you give the answers.

1. False
2. False
3. True
4. False
5. True
6. True
7. False
8. False
9. True
10. True

FUNCTIONAL ASSESSMENT

General Guidelines for Social Development

Directions: Read through these general guidelines, then place a check in the "yes" column if your child has mastered the task or a check in the "no" column if not.

it's mine!!

General Guidelines for Social Development

0 to 12 months	Yes	No
Regards adult face or smiles when talked to and looked at..		
Watches as people move around..............................		
Vocalizes ("talks back") in nonsense when talked to by adult..		
Spontaneously smiles at adults to initiate social interaction...		
Waves bye-bye when demonstrated by adult..................		
Actively explores environment within limits of his mobility		

	Yes	No
12 to 24 months		
Repeats performance laughed at by adults		
Shows item by extending it to another person--may not release it		
Actively plays with doll or stuffed animal--does not just carry		
Pulls person to show them a specific item		
Demonstrates food preference when given a choice		
24 to 30 months		
Attends to story or music for 5-10 minutes with an adult present		
Has tantrums when frustrated but is easily distracted by another activity introduced by adult		
Does not share willingly		
Plays near other children but not with them (parallel play)		
Calls attention to clothes--especially shoes, socks		
Labels objects as "mine"		
Plays some interactive games--usually with adults (tag)		
30 to 36 months		
Throws violent tantrums when thwarted or unable to express needs		
Prolonged domestic make-believe with pots, pans—wants adult near		
Watches other children at play, may join for a few minutes.		
Brings favorite toy to school but will not share		
Separates from mother easily		
36 to 48 months		
Can take turns with supervision--may not want to		
Enjoys floor play with bricks, boxes, cars--alone or with peers		
Usually shares play things and/or sweets--may need some urging		
Plays interactive game like tag or housekeeping with peers.		
Helps put things away		

	Yes	No
48 to 60 months		
Usually expresses anger verbally rather than physically (about 75% of the time)		
Plays competitive exercise games (foot races, tag, etc.)		
Needs other children to play (is alternately cooperative and aggressive)		
Shows concern for playmates in distress (calls adult attention to)		
Does simple errands out of room (takes note to the office).		
Calls for attention to own performance (watch me)		
Asks for adult or peer assistance when it's needed		
Offers assistance to another child or will help another child upon adult request		
60 to 72 months		
Continues domestic and dramatic play from day to day at school		
Plans and builds constructively (elaborate block structures)		
Plays very complicated floor games (trains, cars, block road, etc.)		
Cooperates with companions--waits for his turn or usually accepts peer group decision on games to be played		
Understands need for rules and fair play		
Actively comforts playmates in distress (puts arm around, talks to)		
Enjoys dressing up in adult clothes (dresses by himself)		
Will usually let another finish talking before responding		

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DEVELOPING INDEPENDENCE FOR YOUR CHILD

Birth to Young Adulthood

BIRTH
(no responsibility)

Duration of Childhood

Sleeps through the night
Holds own bottle
Sits up, crawls
Learns to walk
Obeys simple instructions
Is toilet-trained
Picks up toys and blocks
Helps with household tasks
Feeds dog regularly
Maintains an allowance
Goes to local grocery store
Does homework without being rewarded
Chooses own clothes
Babysits for young child
Has a paper route
Goes on first date
Has curfew extended an hour
Works at a regular Saturday job
Selects own dates
Is given greater freedom with car
Spends money as wishes
Sets own hours to be in
Has great independence--
few decisions required of parents
Moves out of home
Is finally released from parental
responsibility

Tug-of-war during toddler years

Completion of transfer from childhood to adulthood

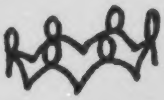
YOUNG ADULTHOOD
(responsibility)

Parent Presentation

The parent presenter should:

- Introduce yourself and talk about your children (their ages, developmental levels, personality differences, and so on).
- Elaborate on your handicapped child. Tell participants what your child's problem is, how old the child is now, and in what program of treatment your child participates.
- Compare your handicapped child's social/emotional development to that of your nonhandicapped children.
- Relate to participants whether you had trouble with attachment and bonding to your handicapped child.
- Tell how you handled separation anxiety, sharing, and playing, when your child was young.
- Discuss the behaviors that made you suspect your child's problems might be more than a passing stage.
- Tell how your child feels about himself or herself and his or her handicap.
- Tell what goals you have for your child.

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity.
- The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves, and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to identify their child's social/emotional stage of development and discuss any problems that might be arising.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, pass out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

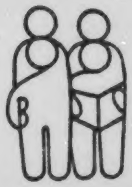
1. Barbara says she just can't punish her four-year-old son. Every time she hits him, he hits her back. How do you think Barbara should deal with this behavior?

2. Billy and Jenny play together three times a week for three hours. They seemed very well matched until they both turned three years old, but now they hardly ever share or play peacefully in the same room. Billy's mother wants to cancel the play times and let them play alone until they get over their stinginess. Do you think this solution will solve the problem?

3. Assume you are looking for someone to care for your child while you work. You plan to interview several people for the job. What questions could you ask to determine if the person understands your child's needs and special problems?

4. Based on personal experience, what is the best advice you could give new parents about raising children? (Leader should write down some responses.)

Parent Summary Sheet



IMPROVING SOCIAL SKILLS

Social and emotional growth is a lifelong process. Social development is the ability to get along effectively with others. Children need to acquire interpersonal skills; to be able to listen to and respond to people; to respect the right of others; and to maintain relationships and friendships. Emotional development has to do with the appropriate handling of feelings. Parents want their children to gain self-awareness; be able to identify interests, strengths, feelings, and needs; and to gain self-confidence.

The natural development of these skills will usually enhance a person's self concept. However, because handicapped children mature more slowly, social and emotional growth may lag too, which is frustrating for the parent as well as for the child.

SOME STEPS IN A CHILD'S SOCIAL/EMOTIONAL GROWTH

Parents can refer to the handout, "Growing-Up Behavior: Babies, Toddlers, and Preschoolers" (8-3), when considering the following steps in social/emotional growth:

1. *Attachment/bonding.* Newborns need close, warm, personal contact. The mother needs to feel rewarded and delights in eye contact, smiles, and gurgles from her baby. When babies are slow to develop, parents must find alternate communication systems and concentrate on the child's strengths to find the rewards.

2. *Separation and anxiety.* When children cry because a parent leaves, it is a good sign. It shows that the child has developed the thinking process to recognize what is happening, and is attached to the parent so that separation from that parent is painful.

3. *Awareness of self.* Children must first know who they are before they can have a concept of others. They express "me" and "mine" when labeling their body parts, their toys, their room, and their world. This awareness is the foundation for self concept.

4. *Awareness of others.* Children gradually learn to take the point of view of others and feel as others feel, while developing important social skills, such as sharing, taking turns, and learning manners.

5. *Development of independence.* Independence is the hallmark of a well-developed mature person. It reflects a certain level of security and self-esteem. The closer we are to someone, the more easily we can become independent of them.

GROWING-UP BEHAVIOR*

Babies, Toddlers, and Preschoolers

Here are some examples of ways a child behaves when trying to grow up. In each case, note what task the child is working on, and think about how this knowledge might change your attitudes about and responses to the behavior.

	BABIES	
When babies:	*This may help them:*	*To master this lifelong task:*
Study faces, pull hair, poke, grab parents' glasses and earrings.	See themselves as physically separate from other people.	Become independent from parents and other adults.
Cry for every want, or later, babble, smile, wave arms, and kick legs.	Express themselves in many ways.	Communicate with others.
Throw their cups and toys on the floor.	Learn about cause-and-effect.	Learn to think logically.
	TODDLERS	
When toddlers:	*This may help them:*	*To master this lifelong task:*
Are constantly in motion--emptying drawers and pocketbooks, jumping on sofas and beds.	Develop large- and small-muscle control.	Gain control over their bodies.
Ask questions, such as "What's that?" endlessly.	Learn words and get attention.	Communicate with others.
Get into parents' possessions--razors, shoes, lipsticks, and wallets; copy parents' actions.	Learn what it means to be a grown-up person.	Learn who they are and who they can become.
	PRESCHOOLERS	
When preschoolers:	*This may help them:*	*To master this lifelong task:*
Hit, threaten, call names, take toys, and exclude other children from play.	Play with others but still get their own way.	Get along with others.
Refuse parents' help when getting dressed, even if they put their clothes on backward or inside-out.	Learn how to dress and to take care of themselves.	Become independent.
Make forts and houses with household furniture, blankets, or pillows	Use and interpret symbols that stand for real objects, events, or people.	Think and solve problems.

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*From *The Scratching Pole. Footsteps Series Teacher Manual, Part I.*
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SUGGESTED READINGS

Klaus, Marshall H., and John H. Kennell. *Parent-Infant Bonding.*
St. Louis, MO: C. V. Mosby Co., 1981
A look at parent-infant bonding. Spotlights the role of father and siblings.

Sahler, Olle, and Elizabeth McAnarney. *The Child from Three to Eighteen.*
St. Louis, MO: C. V. Mosby Co., 1981.
Focuses on normal physical and psychological growth and development. Theories of Freud, Erikson, Piaget, and Kohlberg.

Satir, Virginia. *Peoplemaking.* Palo Alto, CA: Science and Behavior Book, Inc. 1972.
An excellent, easy-to-read resource on family interactions and social-emotional growth. Practical suggestions for promoting healthy family styles.

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Books

Blumenfeld, Jane, et al. *Help Them Grow: A Pictorial Handbook for Parents of Handicapped Children.* Nashville, TN: Abingdon Press, 1971.

Bromwich, Rose. *Working With Parents and Infants.* Baltimore, MD: University Park Press, 1981.

Casa Colina Competency Curriculum. Therapeutic Instruction Preschool Program, San Diego, CA: University of San Diego, 1979.

Faas, Larry. *The Emotionally Disturbed Child: A Book of Readings.* Springfield, IL: Charles C. Thomas, 1975.

Garwood, S. Gray. *Educating Young Handicapped Children: A Developmental Approach.* Rockville, MD: Aspen Systems Corporation, 1979.

Klaus, Marshall H. and John H. Kennell. *Parent-Infant Bonding.* St. Louis, MO: C. V. Mosby, 1981.

Sahler, Olle, and Elizabeth McAnarney. *The Child from Three to Eighteen.* St. Louis, MO: C. V. Mosby, 1981.

Wolf, Anna. *Your Child's Emotional Health.* New York: Public Affairs Pamphlet, 1980.

Audiovisual Materials

Child Development: Program 3, The Preschooler. Butterick Publications. Filmstrip, audiocassette.
Discusses social/emotional, verbal, and mental development as the child moves away from the home environment and is exposed to the outside world.

Child's Play. McGraw-Hill Films. 16 mm, color, 20 minutes.
Explores the value of play for mental, physical, emotional, and social development of a child. Child's play helps shape personality, create self-image, and foster problem-solving.

Understanding Early Childhood: Ages 1-6. Parents Magazine. Soundstrip (includes "The Importance of Play," "Play and Learning about One's Self," "Play and Learning about the World," "Play and Parent and Child Relations," "Play and Peer Relations").
Play is important to develop a child's emotional and intellectual growth.

I Can Do It Myself: Teaching Self-Help Skills

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To have participants identify self-help skills for their children to learn.	219	10 minutes
Professional Presentation	To understand the importance of helping children master self-help skills.	223	40 minutes
	To be aware of children's emotional and developmental differences and to consider these differences when teaching self-help skills.		
	To acquaint participants with techniques that could be used for teaching their children new self-help skills.		
Parent Presentation	To present an approach used by parents of a handicapped child to teach self-help skills.	230	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To allow participants to think about their personal situation and develop plans for teaching their child a specific self-help skill.	231	40 minutes

Overview

Self-help skills are some of the most important skills that a child will learn. These skills, which may include eating, toileting, dressing, bathing, and grooming, are early skills that are learned without remembering how and then used automatically throughout life.

Parents are responsible for encouraging their child to learn self-help skills, and their help is more necessary here than in any other skill area. Home is where the toilet, the closet, the bathtub, and the dinner table are found. Home is also where clothes go on, where mealtimes occur, and where hands are washed before each meal. The established routines in the home provide a consistent setting where parents can help their child learn comfortably.

Parents could spend the time washing and dressing their child, but wouldn't it be better to use this same time to teach the child to do these skills by himself or herself?

The skills that a child masters will determine the child's level of independence; they also will indicate the child's level of self-esteem. When the environment becomes more manageable for the child, it will become more comfortable for parents. It will take extra patience and work on the part of parents, but their efforts will be rewarded by the eventual satisfaction of the child.

Introductory Activity

The professional presenter should:

- Tell participants it is important to find the level of their child's self-help skills in order to identify problems and specific skills that need to be taught.
- Pass out handout, "Functional Assessment: General Guidelines for Self-Help Skills".
- Instruct participants to mark whether their child has mastered the skill by checking "yes" or "no."
- Allow ten minutes to complete handout.
- At the end of the time period, ask participants to look for the last age level where they checked "no" more often than "yes." This is approximately the age level where their child is functioning in self-help skills.
- Stress that there is a wide variation in the ages at which children develop specific self-help skills.
- End the activity with the thought that there are many teaching strategies that can be used to help the child learn new self-help skills and to increase independence.

FUNCTIONAL ASSESSMENT

General Guidelines for Self-Help Skills

Directions: Read through these general guidelines, then place a check in the "yes" column if your child has mastered the task or a check in the "no" column if not.

General Guidelines for Self-Help Skills	Yes	No
0 to 12 months		
Becomes excited and eager when sees bottle for feeding		
Eats baby food well--does not push out of mouth with tongue unless full		
Holds baby bottle without assistance, retrieves dropped bottle		
Will accept water, juice, or milk from cup held by adult		

	Yes	No
12 to 24 months		
Removes shoes and/or socks		
Cooperates in dressing (puts arm in sleeve; extends leg for pants)		
Holds cup alone (may use two hands)		
Chews and swallows lumpy foods (cottage cheese, peas, etc.)		
Partly feeds self with spoon but frequently spills		
24 to 30 months		
Lifts and drinks from cup and replaces on table		
Feeds self with spoon with only some spilling		
Chews competently		
Dry during the day--does not wet pants except for occasional accidents		
Takes off shoes, mittens without help		
Pulls down pants at toilet but seldom able to pull up		
Unzips zippers either on clothes or on zipper board		
Removes coat or dress when buttons or zippers are open		
30 to 36 months		
Eats skillfully with spoon-spills only infrequently		
Buttons one button on a button strip—is slow		
Helps put things away		
Has to be helped during whole process of dressing (coat on at school)		
Feeds self for at least first half of meal (wants independence)		
Dries own hands		
Buttons two large buttons (2-button strip)		
Avoids simple hazards (does not walk in front of swings, bats, etc.)		
Puts on coat or dress unassisted		

	Yes	No
36 to 48 months		
Unbuttons accessible buttons (like those on the front of a coat, shirt)		
Feeds self totally with little spilling using a fork and spoon well		
Pours well from pitcher or milk carton		
Spreads butter on bread with knife (soft butter)		
Can pull pants down and up but may need help with buttons		
Buttons coat or dress		
Pulls on shoes, not always on correct foot		
Washes hands unaided and does a good job; may get clothes wet		
Cares for self at toilet totally (accidents due to illness excluded)		
48 to 60 months		
Can brush teeth		
Laces shoes but does not tie		
Distinguishes front and back of clothes		
Buttons 4 large buttons on a 4-button strip		
Can cut with knife		
Dries face and hands and does a good job		
Washes face unassisted		
Dresses self except for tying with only minimal supervision		
60 to 72 months		
Uses knife and fork very well		
Washes and dries face and hands without getting clothes wet		
Undresses and dresses alone except for tying shoes		
Puts toys away neatly in box		
Brushes and combs hair successfully		
Uses bathroom by himself for all needs (toileting, washing, etc.)		

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Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

LEARNING SELF-HELP SKILLS

Self-help skills are among the most important behaviors for a child to learn. These skills may include dressing, toileting, eating, bathing, and grooming. If children learn to eat with a spoon or fork or learn to wash their hands, these skills will give them a big boost in self-esteem and start them toward achieving some independence. Some areas of self-help would include the following:

1. *Feeding.* Child starts by sucking and swallowing liquids with help, and progresses to eating regular food without assistance.

2. *Dressing.* Child starts by simply tolerating clothing and progresses to choosing own clothing and dressing independently, with the exception of shoe-tying.

3. *Toileting.* Child begins by sitting on a toilet seat, with help, to going to the toilet when necessary, independently.

4. *Body hygiene.* Child starts by allowing bathing and/or washing of hands and face with assistance, and progresses to using soap and water, independently.

5. *Nasal hygiene.* Child begins by simply allowing nose-wiping and progresses to cleaning nose independently and to carrying tissue or handkerchief.

6. *Travel safety.* Child will begin by simply remaining in a seat when riding in a car or bus and progress to keeping a seat belt fastened and remembering to avoid touching door handles or locks while in a car.

7. *Fire safety.* Child starts by keeping a safe distance from stove, fire, or matches and progresses to informing an adult if finding matches or if confronted with a fire.

8. *Sharp-item safety.* Child begins by avoiding sharp items, such as knives and scissors, and progresses to finding a sharp item and telling an adult without touching the item.

Suggested Activity 1

The professional presenter should:

- Tell participants that they are going to identify some self-help skills that they would like their children to learn.
- Pass out handout, "Learning New Self-Help Skills" (9-1).
- Allow five minutes to complete handout.
- At the end of the time period, tell participants that these handouts will be discussed during the small-group activity at the session's end.
- End the activity with the thought that self-help skills are learned. As the child masters new feeding, toileting, dressing, hygiene, and safety skills, he or she gains independence from parent and acquires new self-confidence.

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HELPING THE HANDICAPPED CHILD LEARN SELF-HELP SKILLS

It is important to remember that all children are not alike. Many parents find that when they decide to teach self-help skills to their handicapped child, it can be frustrating. Sometimes it is not easy to try again because of their child's learning limitations. Parents need to be aware that when a behavior modification program has been started, things may not always go along smoothly and results may be slow in coming. There will be unexpected snags and setback, but if parents stick with it, progress will be made.

In choosing a skill to work on with the special child, the entire family needs to decide on the skill they feel is important for the child to learn. It might be an area where the child's inability to do the task causes the biggest problem for the entire family. For example, if a child is a messy eater or is unable to use a spoon or fork to feed himself or herself, the family might feel reluctant to eat away from home with the child. Brothers and sisters can help teach the special child and include him or her in managable household activities.

Teaching the Handicapped Child

First, parents should observe their child's day and make a list of all the self-help skills that they do for the child. Then they need to decide which skill they have the time and interest to help the child to learn. Parents should think about the behaviors that the child has now that might enable him or her to learn a new self-help skill more easily or quickly.

Reward System

For some children, learning certain skills has been difficult in the past. Their attempts to master dressing or eating behaviors have been hard and have led to failure. If a child has had such an experience, he or she may resist strongly when asked to try a new learning task. Parents will need to give rewards. A reward is anything to enjoy or to look forward to. For the child involved in learning a task, it is a payoff for a job well done.

To teach self-help skills, the rewards must be meaningful to the child: Three types of rewards that are effective are:

1. *Praise and attention.* Offer praise, smiles, hugs, or special attention to child.

"GOOD JOB!"

"NICE!"

"LOOKS GREAT!"

2. *Favorite snack.* Offer a treat to the child.

3. *Favorite activity.* Offer to let child do special activity.

Remember, behaviors followed by rewards are more likely to happen again. But, must be given *immediately following* the appropriate behavior--and must be given *only* for that behavior. Other hints:

- Make sure the reward is rewarding--a favorite snack right after lunch will not be very effective.
- Give the reward as soon as the child performs the requested behavior.
- Attempt to ignore certain unasked-for behaviors.
- Success is a reward.
- Eventually phase out rewards.
- Keep a progress chart for the child. (Provide each participant with a copy of the handout, "Progress Chart" (9-2).)

Many times a child will have some strategy to avoid a learning demand. Parents need to make sure the child is ready to learn the skill and should use meaningful rewards. The child will have a better chance to succeed if parents follow these guidelines:

1. Proceed by taking small steps. Ask the child to do only what is clear that he or she is capable of doing. (Ask participants to mentally count how many steps are involved in getting into the bathtub.)

2. Get the child's attention. Make sure he or she is listening and then give instructions using only familiar words.

3. Be consistent. Don't teach the child a skill one time, then do it for him or her the next time. Follow the same procedure each day and involve others only if everyone is doing the same thing.

4. Let child practice for a short time (perhaps 3-10 minutes) in addition to doing the routine each day.

5. Try to minimize distractions while the child works.

6. Make materials easy for the child to manage. Small hands are easier to wash with half bars of soap; a picture over a coat hook helps a child to remember what goes there.

7. Use modeling when teaching a skill. Don't model entire skill, but have the child imitate each step before being asked to do the whole skill. Modeling is more effective when done slowly and with careful exaggeration.

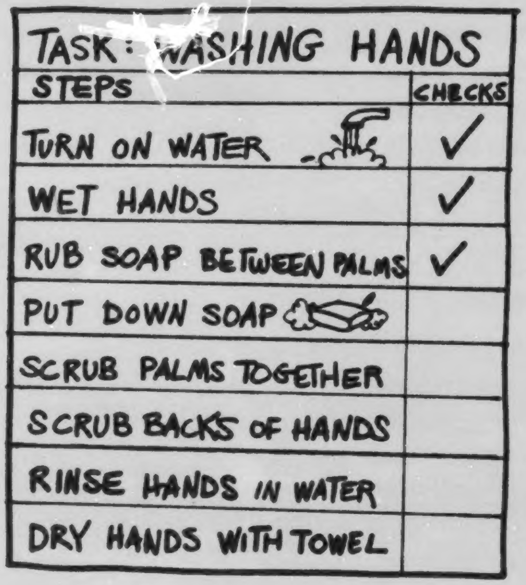
8. Offer physical guidance to help a child's arms, legs, hands, and fingers go through the correct motions.

Backward Chaining

Backward chaining, or task analysis, is a teaching strategy for self-help skills that seems meaningful to the child. For instance, the skill of handwashing could be broken down into five steps:

1. Turning on the water.
2. Getting hands wet.
3. Lathering hands. (Write on chalkboard for reference.)
4. Rinsing hands.
5. Turning off the water.

Step 5 completes the task. Parents do Steps 1, 2, 3, and 4 for the child--turning on the water, getting hands wet, lathering hands, and rinsing hands. Initially parents might even have to help the child grasp the faucet, too, on Step 5. Parents continue to teach by doing a little less for the child each time the task is done. As the child works through a new step, he or she moves through a chain of steps already mastered and experienced success.



TASK: WASHING HANDS

STEPS	CHECKS
TURN ON WATER	✓
WET HANDS	✓
RUB SOAP BETWEEN PALMS	✓
PUT DOWN SOAP	
SCRUB PALMS TOGETHER	
SCRUB BACKS OF HANDS	
RINSE HANDS IN WATER	
DRY HANDS WITH TOWEL	

9-1

LEARNING NEW SELF-HELP SKILLS

Directions: (Part 1): Look at each category of self-help skills. List two skills in each area that your child has now and list two new skills in each area you want your child to learn.

FEEDING

Child has these skills:	*Child needs to learn these skills:*
1. ______________________	1. ______________________
2. ______________________	2. ______________________

TOILETING

Child has these skills:	*Child needs to learn these skills:*
1. ______________________	1. ______________________
2. ______________________	2. ______________________

DRESSING

Child has these skills:	*Child needs to learn these skills:*
1. ______________________	1. ______________________
2. ______________________	2. ______________________

OTHER (HYGIENE, SAFETY)

Child has these skills:	*Child needs to learn these skills:*
1. ______________________	1. ______________________
2. ______________________	2. ______________________

(Part 2): Select one self-help skill and plan how to teach that new skill to your child. (Discuss this activity at the small-group activity time.)

Skill to be taught: ____

How skill will be taught: ____

____

____

PROGRESS CHART

Self-Help Skills

⊘= successful
x = not successful
⊘= completed session

Number of Attempts

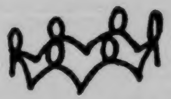
List of Steps	Date	Step	1	2	3	4	5	6	7	8	9	10	11	12	Notes

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Tell participants something about your handicapped child. Tell what your child's problem is, how old the child is now, and in what special education program your child participates.
- Compare your handicapped child's learning of self-help skills to that of your nonhandicapped children.
- Discuss a self-help skill that you worked on with your child and the results.
- Did you use positive rewards? What types of rewards did your child enjoy?
- What self-help goals do you have for your child now?

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed in the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

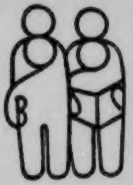
The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Tell participants to refer to the handout, "Learning New Self-Help Skills" (9-1).
- Have them identify a self-help skill they will teach their child within the next week and tell how they plan to carry it out.
- Refer to the "Self-Help Skills Program" (9-3) for a teaching outline that can be followed by participants.
- Ask participants to refer to their "Learning New Self-Help Skills" sheets: write the name of the specific skill to be taught and briefly outline the plan of action they will follow.
- At the end of the time period, pass out the evaluation sheet and the parent summary sheet. Collect the evaluations.

SELF-HELP SKILLS PROGRAM

1. Decide on a goal. Observe your child and make a list of the self-help skills you do for him or her and a list of the self-help skills he or she is able to do without help. Choose one self-help skill to teach at a time.
2. Establish criteria for a reward. A reward might be your praise and attention, a favorite snack, or a favorite activity. One hint to keep in mind: Behaviors followed by rewards are more likely to happen again.
3. Proceed with the learning activity by taking small steps.
4. Get the child's attention before attempting to teach.
5. Be consistent in the way you teach.
6. Let child practice each day.
7. Minimize distractions while the child works.
8. Make materials easy for the child to manage.
9. Model steps of the skill for child, but do not model the entire skill.
10. Physically guide the child's movement.
11. Use backward chaining, or task analysis, as a meaningful teaching strategy.

Parent Summary Sheet



"Self-trust is the first secret of success."

--Ralph Waldo Emerson

Self-help skills are some of the most important skills that your child will learn. Basic self-esteem is related to the amount of independence your child can achieve with your help. It will take extra patience and work on your part, but the extra efforts will be rewarded by the satisfaction gained by your child.

It is important to involve the entire family when choosing a self-help skill to teach to the handicapped child. This involvement will enable all family members to be aware of the problem, to become familiar with the program, and to use the same techniques to promote the skill.

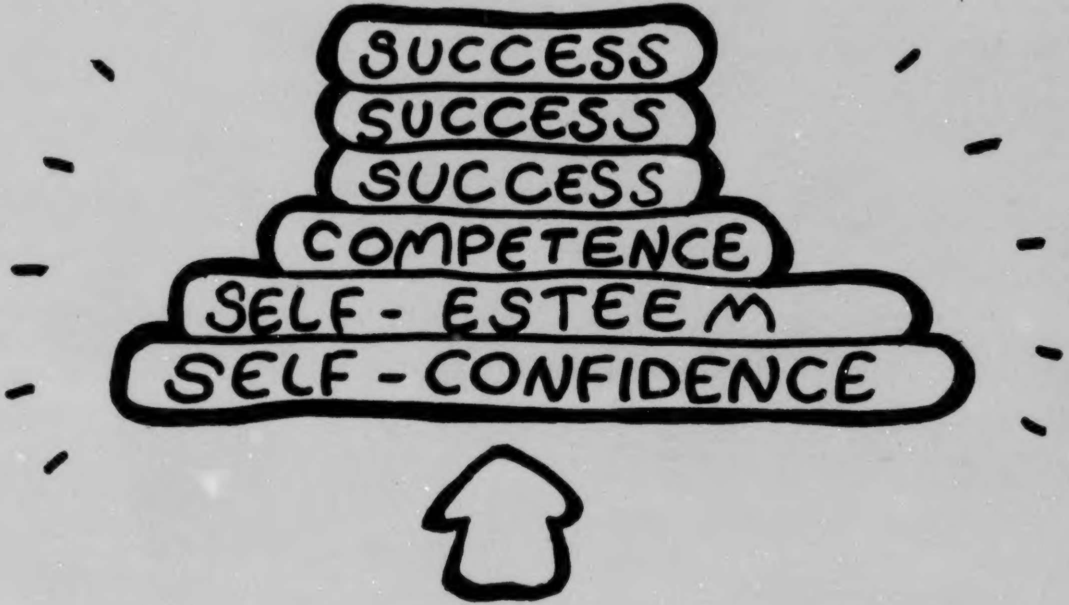
SELF-HELP SKILLS PROGRAM

How can you help your child? Look at the suggestions below:

1. Decide on a goal. Observe your child and make a list of the self-help skills you do for him or her and a list of the self-help skills he or she is able to do without help. Choose one self-help skill to teach at a time.
2. Establish criteria for a reward. A reward might be your praise and attention, a favorite snack, or a favorite activity. One hint to keep in mind: Behaviors followed by rewards are more likely to happen again.
3. Proceed with the learning activity by taking small steps.
4. Get the child's attention before attempting to teach.
5. Be consistent in the way you teach.
6. Let child practice each day.
7. Minimize distractions while the child works.
8. Make materials easy for the child to manage.
9. Model steps of the skill for child, but do not model the entire skill.
10. Physically guide the child's movement.
11. Use backward chaining, or task analysis, as a meaningful teaching strategy.

Children can learn to feel competent through many activities:

Cooking
Collections
Camping
Gardening
Arts and Crafts
Music and Dancing
Holiday Observations
Household Tasks



SUGGESTED READINGS

Azrin, Nathan, and R. Foxx. *Toilet Training the Retarded.* Champaign, IL: Research Press, 1979.
Step-by-step book for bowel- and urine-training, including a section on record-keeping.

Blumenfeld, Jane, et al. *Help Them Grow! A Pictorial Handbook for Parents of Handicapped Children.* Nashville, TN: Abingdon Press, 1971.
Provides parents of young, trainable, educable children with material to teach basic living, self-help, social, communication, and sensory/motor skills.

Crocker, Betty. *Cookbook for Boys and Girls.* New York: Golden Press, 1975.
Recipes for beginning cooks, with lessons in measuring, meal-planning, clean-up, and safety.

Bibliography

Books

Baker, Bruce L., et al. *Steps to Independence: Early Self-Help Skills.* Champaign, IL: Research Press, 1978.

Beale, Betty. *Inexpensive Books for Parents of Handicapped Children: A Bibliography.* Montgomery, AL: Southwest Regional Resource Center, 1978.

Blumenfeld, Jane, et al. *Help Them Grow! A Pictorial Handbook for Parents of Handicapped Children.* Nashville, TN: Abington Press, 1976.

Crocker, Betty. *Cookbook for Boys and Girls.* New York: Golden Press, 1975.

Finnie, Nancy R. *Handling the Young Cerebral-Palsied Child at Home.* New York: E. P. Dutton, 1975.

Mather, June. *Learning Can Be Child's Play.* Nashville, TN: Abingdon, 1976.

Moore, Mary H. *Skills of Daily Living Toward Independence, Books 1 and 2.* New York: Walker Educational Book Corp., 1979.

Audiovisual Materials

Step Behind Series. Hallmark Films. Color, 25 minutes. Shows behavior modification techniques used to teach such basic self-help skills as eating, toileting, and dressing.

The Child's Relationship with His Family, Understanding Early Childhood: Ages 1-6. Parents Magazine. Soundstrip (includes "How a Child Sees Himself," "Dependence Versus Independence," "The Parent As a Teacher," "Forcing the Child to Fail," and Learning From Our Children").

UNIT III

DEVELOPING PARENTING SKILLS

Being a Parent Isn't Easy: Examining Parenting Styles

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To assess participants' parenting and communicating skills.	243	10 minutes
Professional Presentation	To become aware of how one's parenting style is carried out in the manner in which one communicates. To assess a child's developmental needs, and to use a communication style that is appropriate to the level at which that child is functioning. To become familiar with the characteristics of open- and closed-communication systems.	245	40 minutes
Parent Presentation	To relate the concepts of "parenting style" and "communication style" to the needs of parents of handicapped children.	254	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To discuss and evaluate parenting and communicating styles.	255	40 minutes

Overview

Parenting styles are a reflection of a parent's own self-concept and of his or her view of children. These styles are generally developed informally, are greatly influenced by one's own childhood experiences, and may be supplemented by formal education. Parenting styles are transmitted to children through the parents' communication systems.

Because parents are a primary influence on a child's outlook, maturity, balance, and self-image, they need to be aware of the way they communicate, as well as of the child's level of ability to learn and understand.

The major task of the child from birth to age five is discovering who he or she is and what he or she can do. Because the reasoning ability of children in this age range is immature, they rely a great deal on their feelings in forming their perceptions of themselves and others. It is this dependence on feelings and their egocentricity that makes children so vulnerable to what they think and feel adults are saying to and about them.

Parents need communication skills for making themselves heard and understood, and they need a frame of reference that will enable them to use these skills consistently in all interactions with their children.

Introductory Activity

The professional presenter should:

- Tell participants that you are going to pass out a handout and ask for their responses to some everyday situations.
- Pass out the handout, "Parenting and Communicating Styles."
- Instruct participants to read about the three situations on the handout and take time to write their responses.
- Allow five minutes to complete handout.
- Ask for volunteers to share their responses to each of the situations.
- Avoid making any judgments about the content of the responses.
- End the activity with the thought that parents need communication skills for making themselves understood as well as heard, and that what we say to our children can be very important to their self-esteem.

PARENTING AND COMMUNICATING STYLES

1. You've decided to go back to work and have made arrangements to leave your two-year-old daughter at a day-care home. When you drop the child off and get ready to leave, she cries, "Mama, Mama."

   You say:

2. Your three-year-old son is afraid of monsters. When he gets into bed at night, he protests that he's afraid and says, "Mommy, don't turn out the light!"

   You say:

3. Your five-year-old son wants to help in the kitchen and says, "Mommy, let me wash the silverware." Accomodating his handicapping condition would take some time and thought.

   You say:

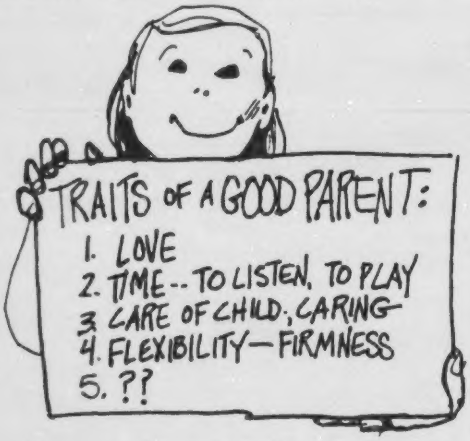
Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

PARENTING STYLES

The ways in which parents behave with their children are as individualized as each parent and child. In an attempt to study and understand these parent-child relationships, various persons in the field of family counseling and education have described certain general parenting styles. Jean Clarke, in *Self-Esteem: A Family Affair,* refers to the parenting styles of "Nurturing," "Structuring and Protecting," "Marshmallowing," and "Criticizing." Robert Digiulio, in *Effective Parenting: What's Your Style?* refers to six styles of parenting, "Child," "Doctor," "Diplomat," "Autocrat," "Martyr," and "Talker." Thomas Gordon, in *Parent Effectiveness Training,* writes about "Authoritarian," "Permissive," and "Democratic" styles.* Generally, most parenting styles fall into two broad categories of communication: open or closed.



Communication

It is not unusual for parents to wonder as they look at their preschooler what will happen to their relationship with their child as he or she grows up. So many people--people they know and people who are portrayed in the media--are having problems with their children.

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*Presenter may want to elaborate on these styles if time permits.

Children's behavior is a function of their self-esteem. If they feel loved and capable, they are free to develop their own unique potential. When we talk about communication skills, we are talking about techniques for communicating our love for, and our confidence in, our children, in ways *they* will understand. We are talking about a philosophy--a frame of reference for being with our children that affects all our interactions with them--not tricks or gimmicks to use in an emergency.

Open System of Communication

The basic assumption of an open system of communication is that the child is a unique individual with needs, rights, preferences, and potential. The parents' role is to provide the child with models for and experience in honest communication, cooperation, and mutual respect.

When parents try to consider how to respond to a child, they usually try to say something that will encourage the child's participation and self-expression. Parents should ask themselves if what they say to their children will foster their feelings of worth and high self-esteem; whether it will strengthen their children's confidence and thereby facilitate growth and development. Parents want to communicate to their children the desire for them to become independent, active, responsible, and outgoing.

Closed System of Communication

The basic assumption of a closed system of communication is that the child is an object to be controlled. The parents' role is to arbitrarily impose values, such as honesty, hard work, and obedience, and punish the child when his or her behavior doesn't reflect those values. When parents are speaking to their children in a closed system of communication, they discourage expressions of feelings, preferences, and facts. The way they talk to them may foster feelings of unworthiness and low self-esteem and may make children feel threatened and blocked. In this way, the children are rewarded for being passive and uncommunicative, and are given little opportunity to become responsible.

Suggested Activity 1

The professional presenter should:

- Tell participants that they are going to be presented with a situation in which they are to react in two different ways--one by using open communication and one by using closed communication.
- Read the following situation to participants:

  > Grandma is recovering from cancer surgery, but she's well enough to go out for short trips. Her two daughters plan to take her out for an early dinner Saturday evening, without the grandchildren. Grandma needs to get out, but the added activity of having young children along would be too much.

- Pass out the handout, "Open and Closed Modes of Responding" (10-1). Have participants read over how Couple A and Couple B handle speaking to their children about the adult dinner with Grandma.
- Ask participants which couple used an open system of communication and which used a closed system of communication with their children.
- Tell participants that they are going to analyze these two modes of responding. Write on the chalkboard two headings, "Open" and "Closed." Under each major heading write "Parent" and "Child."
- Review the characteristics of each system, using "Characteristics of Open and Closed Systems of Communication" (10-2) for reference.
- Ask participants to look at Couple A's and Couple B's modes of responding. Have them write down some specific examples that illustrate each of the characteristics of the open and closed systems.
- Allow five to ten minutes to write down examples.
- At the end of the time period, ask volunteers for their illustrations and write them on the board under the appropriate headings.
- Use "Discussion Guide: Open and Closed Modes" (10-3) to help facilitate the discussion, if necessary.
- End the activity with the thought that honesty and straightforwardness are the beginnings of an effective communication system.

DEVELOPING OPEN COMMUNICATION

Communication goes on at all levels of development. The style of communicating may vary according to the age of the child, but it is important to remember that at each stage parents must communicate acceptance and love.

Using Erik Erikson's developmental stages, parents can assess the child's current needs and develop appropriate modes of communication. A three-month-old baby requires a different communication style from a parent than a three-year-old child. For example:

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Birth to Six Months: Basic Trust

Parents practice empathy, acknowledgement of, and respect for the child's needs. They are already "listening" and "responding" to the child. By teaching the child basic trust, parents facilitate the child's growth and development.

Six to Eighteen Months: Exploration

The child in this developmental age loves to explore and get into everything. He or she begins to take care of some pre-school needs, such as feeding and drinking. The child is still very egocentric and does not share or play with other children. Parents, recognizing the child's need to explore, will childproof the house and provide stimulating materials. They will communicate their preference for active rather than passive behavior in their acceptance of the child's developmental needs. Parents can encourage the child to enjoy feeding himself or herself, perhaps by providing appetizing finger foods. Encouraging independent skills communicates to the child, "You can take care of some things yourself." By protecting the child from demands that don't consider his or her developmental level (such as postponing toilet training or avoiding forced sharing), parents avoid setting the child up for frustrations and failure, and in so doing communicate their acceptance of the child.

Eighteen Months to Three Years: Thoughts and Feelings

The child at this developmental level has to experiment with feelings. The child says, "No!" to his or her parents' requests and asks "Why?" constantly. He or she is getting more adept at self-help skills and simple chores, but still has trouble sharing and with cooperative play.

Parents, recognizing this particular stage of development, will realize that it is impossible to eliminate "no" from the child's behavior. Parents begin to use "do" instead of "don't": "Water gets all over the floor when you put the wet washcloth on the side of the tub. Hang it here so it can drip in the tub" as opposed to "Don't get water all over the floor!" The "do" statement communicates concern for the child's feelings. It shows acceptance, shares information about what is acceptable, and focuses on the behavior of the child.

"Why?" Children at this age ask questions. Parents who give honest answers that children can understand, communicate their acceptance of the child, reward the child's initiative, and model active-listening. This means really paying attention and really answering. Parents can think of the three-year-olds they've seen in the supermarket being pushed in the cart. They ask many questions: "What's for dinner?" "What does that sign say?" "What's that?" "Why did that lady buy apples?" An honest answer doesn't take any more time tha a mumbled "Later, honey" or " I just have to get this...", and it's an investment in maintaining open communication with the child.

Realizing that children don't play "with" each other and they don't share very well at this age, parents can communicate their respect for their child's developmental level by asking if the child wishes to put away some toys before a friend comes to play ("Are there some things you don't want Billy to play with?") and by not pressing the child to "play" with the friend. Also, parents who teach and require the child to do self-help skills and simple chores, such as putting the napkins on the table, emptying the clothes dryer, and putting dirty laundry in the hamper, communicate their confidence in the child.

Three to Five Years: Discovering Identity

The child at this developmental stage works hard at discovering his or her identity. He or she tries to figure out what is fantasy and what is reality and may be concerned about monsters or other frightening creatures. This child is learning appropriate sound behavior and is experimenting with adult behavior.

Parents who recognize the developmental needs of a three- to five-year-old will give the child accurate information and honest answers to questions about the world, how things work, why he or she is handicapped, about his or her body, and so on.

A parent who acknowledges the child's concerns about fantasy and tall tales might say, "It is a scary idea, but monsters are just ideas." This statement communicates acceptance of the feeling and gives factual information. Parents omit judgmental comments, such as "Big boys aren't afraid of monsters." Parents can remind the child that he or she can get their attention and comfort just for being; he or she doesn't have to see a monster to solicit their concern.

Socially inappropriate behavior needs to be dealt with by using "do" instead of "don't." For example, a parent can say to the child who interrupts, "I know you want to show me. Let me tell you what to say when you need me and I'm talking to a friend." This statement accepts the child's need for attention, shares information about what is appropriate, and focuses on the child's behavior. "Don't interrupt!" and "Don't be a bad boy" judges the child and focuses on him (bad boy) rather than on his behavior. "Don't" statements withhold information about what is appropriate and ignore the child's feelings and right to courtesy.

Suggested Activity 2

The professional presenter should:

- Tell participants to write down which developmental stage their child is currently in (Basic Trust, Exploration, etc.).
- Ask participants to write down one concern or one situation they'd like to have some help with in communicating with their child. Concerns might include how to handle a question, how to deal with an awkward situation, or how to interpret crying.
- Allow five to ten minutes to respond.

- At the end of the time period, write the four developmental stages on the chalkboard: "Basic Trust," "Exploration," "Thoughts and Feelings," and "Discovering Identity."
- Ask for a volunteer to share a communication problem in the "Basic Trust" stage. Write it under the appropriate heading.
- Ask participants how an open-communication style could be established to alleviate that particular problem.
- Do the same for the other three developmental levels.
- End the activity with the thought that if the parent recognizes the developmental stage of the child, he or she is more apt to understand the child's behavior and emotions, and confront them in an open manner.

OPEN AND CLOSED MODES OF RESPONDING

Couple A

Saturday morning these parents tell their children, ages three and five, that they are having dinner out with their grandma, aunt, and uncle that evening. They say grandma has been sick and gets tired easily, and they are planning an early, quiet evening.

That morning, the kids plan a simple menu for their dinner and help with the grocery shopping. While they're shopping, Mom asks what they'd like to do after dinner, and the five-year-old suggests making popcorn. Mom considers that a reasonable request and buys some popcorn for the children to pop with the sitter.

When the parents are getting ready to go out, the three-year-old comes in feeling sad. It was fun when grandma was feeling better and they all had dinner at her house.

The sitter arrives and the kids rush to tell her about the popcorn. The five-year-old has a moment of separation anxiety and makes a minor fuss. Mom says, "It's hard to say good bye sometimes. Enjoy the popcorn, and we'll come in and say good-night when we get home."

Couple B

The parents are uncomfortable deciding what to tell the kids. They have been worried about grandma's recent surgery. The parents decide not to mention going out with her. They wait until 5:00 p.m. that evening, and announce to the kids that they're going out to dinner and a sitter is coming.

The sitter arrives and the kids complain about being left. Dad says, "You always fuss when we leave, and you always stop before we're out the driveway, so knock it off." They leave, telling the kids that there is spaghetti in the refrigerator, to mind the sitter, and to be in bed by 8:00 p.m.

10-2

CHARACTERISTICS OF OPEN AND CLOSED SYSTEMS OF COMMUNICATION

(for presenter's use only)

OPEN		CLOSED	
Parent	*Child*	*Parent*	*Child*
1. Accepts child as a person with needs.	Learns he or she is loved; learns to respect needs of others.	1. Judges child.	Thinks less of self; learns to judge others.
Example: ______		Example: ______	
2. Shares feelings; gives factual information.	Learns to share feelings and ideas.	2. Excludes child; fails to listen to child.	Thinks parents don't care; is denied practice in decision-making.
Example: ______		Example: ______	

DISCUSSION GUIDE: OPEN AND CLOSED MODES

(for presenter's use only)

Couple A: Open System

Paragraph 1. Parents share information. Their honesty and straightforwardness provide a model for the children to copy in their relationship with their parents.

Paragraph 2. Parents include the children in decision-making. Parents accept children's rights to state preferences. Note: Mother provided two choices for the children to choose from, both of which were acceptable to her and to her children. Children gain practice in stating their preferences and learn democratic decision-making. Children learn to be assertive rather than passive.

Paragraph 3. Feelings of child are accepted. Parent may share own feelings and allow child to do same, thus modeling open communication for child. Note: Often, all the child needs is to express strong feelings and emotions. By listening, the parent tells the child he or she is available to help with feelings, as needed, which gives the child a sense of security, trust, and optimism.

Paragraph 4. Reflects mom's efforts to include the children in decision-making. The children now have their own plan for the evening. They get good experience in planning their own fun, which encourages an assertive approach to leisure as opposed to a passive approach. Parents accept child's need to know when they will return and share factual information. Note: Children, like adults, accept the "known" easier than the "unknown." Parents focus is on behavior rather than on child. Child's right to her feelings is accepted and not judged. "It's hard to say good-bye" is accepted as a statement of fact. Saying, "We'll come in and say good-night" reminds children that parents have ongoing love and concern for them.

Couple B: Closed System

Paragraph 1. Parents deny children opportunities to express feelings about grandma's health and to tell how they feel about being excluded from a family gathering. Parents withhold information about where they are going and with whom. By not promoting a family practice of telling one another where members are going and with whom, the parents are teaching their children to do the same.

Paragraph 2. Children's feelings not listened to, children excluded from dad's response, which judges the behavior, ridicules it, and focuses on the children rather than on their behavior. Parents exclude children's participation in planning the evening, which encourages either passive or aggressive response. The kids might go along with the plan,resentfully, or act up and make the sitter and themselves miserable.

Parent Presentation

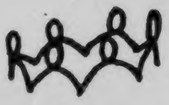
The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Elaborate on your handicapped child. Tell participants about the handicapping condition, his or her current level of functioning, and the type of special education program the child is enrolled in.
- Briefly review the consequences of open and closed communication styles for your handicapped child.
- Tell participants how you discovered open-communication skills. Can you recommend books, courses, or groups that helped?
- List incidents or achievements of both your handicapped and nonhandicapped children that reflect initiative, self-confidence, openness, and concern for others.
- As the events that resulted in the final achievements were developing, tell what helped you decide how to respond to your children.
- Relate, specifically, how you have answered your handicapped child's questions about:

    -His or her handicap.
    -His or her future--job, marriage.
    -His or her sex.
    -Your plans and activities.
    -His or her school placement.
    -Medical and theraputic procedures.
    -Your demands for self-help skills.
    -Your other children's questions about the handicap.

- Tell what alerts you to the unasked questions of young children and of people who cannot use expressive language.

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to make sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to rearrange their seating so that parents whose children are in the same developmental level sit next to each other.
- Allow five to ten minutes for participants to discuss common communication problems with their children.
- Ask participants to look back at their responses to the three situations in the introductory activity handout, "Parenting and Communicating Styles."
- Ask someone to volunteer their statement for the rest of the group to critique and improve on now that they are acquainted with open-communication styles.
- Ask participants to think about different people they know who are also parents. Ask them to select a parent who they admire and write a descriptive profile about the person that includes answers to these questions:

  -What do you admire about this person's parenting style?
  -What are some of the ways the person's parenting style affects his or her children?
  -How would you compare this person's parenting style with that of your own parents when you were a child?

- Ask participants to share information about their parenting styles with the group. Point out consistencies among parenting styles, such as the traits of a competent parent that we all tend to admire.
- Distribute handout, "On Children" (10-4).
- Have participants read this piece or read it aloud to them. Does this poem say something about open and closed parenting styles? Discuss the various reactions to it.
- At the end of the time period, pass out evaluation sheet and the parent summary sheet. Collect the evaluations.

ON CHILDREN*

Your children are not your children.
They are the sons and daughters of Life's longing for itself.
They come through you but not from you,
And though they are with you yet they belong not to you.
You may give them your love but not your thoughts,
For they have their own thoughts.
You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.
You may strive to be like them, but seek not to make them like you.
For life goes not backward nor tarries with yesterday.
You are the bows from which your children as living arrows are sent forth.
The archer sees the mark upon the path of the infinite, and He bends you with His might that His arrows may go swift and far.
Let your bending in the archer's hand be for gladness;
For even as He loves the arrow that flies, so He loves also the bow that is stable.

--Kahlil Gibran

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*Reprinted from *The Prophet*, by Kahlil Gibran, by permission of Alfred A. Knopf, Inc.; © 1923 by Kahlil Gibran and renewed 1951 by administrators C.T.A. of Kahlil Gibran estate and Mary G. Gibran.

Parent Summary Sheet

Parenting styles are a reflection of a parent's own self-concept and of his or her view of children. These styles are generally developed informally, are greatly influenced by one's own childhood experiences, and may be supplemented by formal education. Parenting styles are transmitted to children through the parents' communication systems.

SOME VIEWS OF PARENTING STYLES

AWARD:
BEST PARENT
OF THE
YEAR!

Jean Clarke, in *Self-Esteem: A Family Affair*, describes these styles:

Nurturing
Structuring and protecting
Marshmallowing
Criticizing

Robert Digiulio, in *Effective Parenting: What's Your Style?*, describes these styles:

Child
Doctor
Diplomat
Autocrat
Martyr
Talker

Thomas Gordon, in *P.E.T.: Parent Effectiveness Training*, describes these styles:

Authoritarian
Permissive
Democratic

OPEN AND CLOSED SYSTEMS OF COMMUNICATION

Generally, most parenting styles make use of an open system of communication or a closed system.

Open System

1. Child is a unique individual with needs, preferences, and potential.

2. Parent's role: To provide child with models for and experience in honest communication, cooperation, and mutual respect.

3. Questions parents ask when considering their response to their child:
    - Does my response encourage participation and self-expression by my child?
    - Will it foster feelings of worth and high self-esteem in my child?
    - Will it strengthen my child's confidence?
    - Does it facilitate my child's growth and development?
    - Does it encourage my child to become independent, active, responsible, and outgoing?

Closed System

1. Child is an object to be controlled.

2. Parent's role: To arbitrarily impose values, such as honesty, hard work, and obedience, and punish child when his or her behavior does not reflect those values.

3. Effects of closed system:
    - Discourages child's expression of feelings, preferences, and facts.
    - Fosters child's feelings of unworthiness and low self-esteem.
    - Makes child feel threatened and blocked.
    - Encourages child to be immature, rewards child for being passive and uncommunicative, gives child little opportunity to become responsible.

Erik Erikson's Stages of Development (0-5 years)

Birth to Six Months	Basic Trust
Six to Eighteen Months	Exploration
Eighteen Months to Three Years	Thoughts and Feelings
Three to Five Years	Discovering Identity

SUGGESTED READINGS

Clarke, Jean. *Self-Esteem: A Family Affair.* Minneapolis, MN: Winston Press, 1978.
Looks at parenting styles, and their effect on child and family development.

Clifford, Ray. *Communication: Parental Skills for Parents of Handicapped Children.* Houston, TX: Interaction, 1972.
Looks at open and closed parenting styles and communication.

Digiulio, Robert. *Effective Parenting: What's Your Style?* Chicago: Follett Publishing Co., 1980.
Describes the complexity and uniqueness of parenting styles; offers helpful suggestions.

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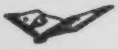
Books



Briggs, Dorothy. *Your Child's Self-Esteem.* New York: Doubleday, 1975.

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Erikson, Erik. *Childhood and Society.* New York: W. W. Norton & Company, 1964.

Faber, Adele, and Elaine Mazlish. *Liberated Parents--Liberated Children.* New York: Avon Books, 1975.

Gaylin, Willard. *Feelings.* New York: Ballantine Books, 1980.

Gordon, Thomas. *P.E.T.: Parent Effectiveness Training,* New York: Peter H. Wyden, Inc., 1970

Petrillo, Madeline, and Sirgay Sanger. *Emotional Care of Hospitalized Children: An Environmental Approach.* Philadelphia, PA: Lippincott, 1980.

Audiovisual Materials

The Child's Point of View. Parents Magazine, Inc. Soundstrip. Points out that communication is an investment. Shows how child needs to develop at own stage and how pushing leads to frustration.

Is Anybody Listening? The Art of Parenting. Research Press Co. Filmstrip, audiocassette. Teaches parents how to avoid power struggles with their child by using communication techniques that will convey their understanding of the child's feelings.

The Child's Relationship with His Family, Understanding Early Childhood: Ages 1-6. Parents Magazine. Soudstrip (includes: "How a Child Sees Himself," "Dependence Versus Independence," "The Parent As a Teacher," "Forcing the Child to Fail," and "Learning from Our Children").

Tightrope. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, 20 minutes. Shows the need for setting limits but also recommends allowing the child freedom to explore.

Is Anybody Listening?: Learning How to Listen

(Communication I)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To introduce the concept of problem ownership. To assess participants' listening skills.	266	10 minutes
Professional Presentation	To understand ways of listening that promote effective communication. To learn to listen to nonverbal communication.	270	40 minutes
Parent Presentation	To share personal experiences about how listening skills have been useful to a parent of a handicapped child.	278	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To practice active listening skills.	279	40 minutes

Overview

When one thinks of communicating successfully with another person, most often it's because that other person happens to be a good listener. He or she possesses the ability to attentively hear our words and interpret the implied meaning of our gestures and other nonverbal cues. Talking to someone who actively listens is probably one of the most satisfying experiences that a person can have. This positive experience is valuable to children, as well as adults, especially for handicapped children, who often experience difficulty in making their needs known.

To effectively establish open-communication patterns, it is crucial to recognize that children of all ages need to be heard as well as seen. Although a child may not be capable of verbally expressing his or her thoughts and feelings clearly, a parent can learn a great deal about how the child feels or thinks by paying careful attention to nonverbal messages as well. If parents develop active listening skills, they will be able to stay in closer touch with their children and to better understand their points of view. Concepts and strategies for effective listening will increase a parent's effectiveness in all personal relationships where communication is valued.

A diagram showing the overall communication process is given below and an explanation follows:

TOTAL COMMUNICATION PROCESS*

Who owns the concern or problem?	What skill is needed to solve problem?
I. Other person owns the concern or problem.	Listening
II. I own the concern or problem.	Confronting/Asserting
III. Both persons own the concern or problem.	Problem-solving
IV. No Problem	
V. Values	

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*Adapted from material in Gordon, Thomas. *P.E.T.: Parent Effectiveness Training*. New York: Peter H. Wyden, Inc., 1970.

I. When the other person owns the concern or problem, I want to use my skill in listening.

II. When I have a concern or problem, I want to use my skill in confronting the problem and in presenting the problem in an assertive, nonblameful way.

III. When both persons share a problem, they need to use problem-solving skills.

IV. There are times when there is no problem--simply information being requested or discussed--so no special skill is needed. For example, if someone asks, "Where is the nearest restaurant?", one would simply give directions and not get involved in a discussion about feelings of hunger or whatever.

V. Values are beliefs that individuals have a right to hold and generally are not a matter for problem-solving. If one's opinion is asked, information may be given, always with respect for the other's value system.

Introductory Activity

The professional presenter should:

- Pass out handout, "Ways to Respond."
- Read instructions and ask participants to mark their answers.
- Allow five minutes to complete handout.
- While participants write their responses, copy the responses from the "Typical Twelve" on the board. List responses from "Effective Responses" separately.
- Ask volunteers to give their answers and note whether those answers fall in the "Typical Twelve" or in "Effective Responses." Point out that most people use the "Typical Twelve" as typical ways of responding. Mention that these, as well as some other more helpful ways of responding, will be discussed throughout the professional presentation.
- End the activity with the thought that this has been an opportunity to become aware of one's current listening style and that some additional strategies for successful listening will now be explored.

WAYS TO RESPOND

Directions: Read about each person's concern or problem; quickly write what you would say in response to that person.

1. Four-year-old child: "I don't want to go to bed. I'm afraid of the dark."

2. Five-year-old child: "Sandy won't play with me. She won't ever do what I want."

3. Six-month-old baby: (Baby cries loudly at 11 p.m.; has been sleeping through the night for two months, from 8 p.m. to 6 a.m.)

4. Three-year-old child: "I no want to play with Jeffrey. It's mine Teddy bear."

5. Your spouse: "I'm so worried about my job. Business has been really bad lately. There hasn't been much work in the shop, and they let two people go today. I wonder if I'm next."

6. Your neighbor: "Last night I looked at Aaron and it struck me that he's gotten so big. He's five now and yet he's so slow. The disparity between his size and his developmental level just overwhelmed me for a minute. I tried to tell Bob what I was feeling and he just got angry! He told me Aaron was getting better all the time and what was the matter with me? I don't know how to make Bob see how slow Aaron really is."

TYPICAL TWELVE*

Items 1-5 are "solutions" to problems--messages that take all responsibility away from the other person and put him or her under someone else's control.

1. *Ordering, directing, commanding:* Telling the other person to do something; giving an order or a command.

2. *Warning, admonishing, threatening:* Telling the other person what consequences will occur if he or she does something.

3. *Moralizing, preaching, exhorting:* Telling the other person what he or she "should" or "ought to" do.

4. *Advising, giving solutions or suggestions:* Telling the other person how to solve a problem.

5. *Lecturing, teaching, giving logical arguments:* Trying to influence the other person with facts, counterarguments, logic, information, or your own opinions.

Items 6-12 are "roadblocks" to solving problems--messages that directly attack the self-worth and integrity of the other person, saying, in effect: "There is something wrong that needs to be fixed."

6. *Judging, criticizing, disagreeing, blaming:* Making a negative judgment or evaluation of the other person.

7. *Praising, agreeing:* Offering a positive evaluation or judgment; agreeing.

8. *Name-calling, ridiculing, shaming:* Making the other person feel foolish, putting the person in a category, shaming him or her.

9. *Interpreting, analyzing, diagnosing:* Telling the other person what his or her motives are; analyzing why he or she is doing or saying something; communicating that you have him or her figured out or diagnosed.

10. *Reassuring, sympathizing, consoling, supporting:* Trying to make the other person feel better; talking the person out of his or her feelings; trying to make person's feelings go away, denying the strength of person's feelings.

11. *Probing, questioning, interrogating:* Trying to find reasons, motives, causes; searching for more information to help you solve the problem.

12. *Withdrawing, distracting, humoring, diverting:* Minimizing or denying the importance of the other person's feelings or needs; withdrawing from the problem yourself; distracting the other person.

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EFFECTIVE RESPONSES*

Some effective ways to respond to a person's concern or problem are discussed below:

13. *Silence:* Listen passively to other person and display accompanying behaviors (such as eye contact and posture) that communicate interest and concern to person.

14. *Noncommittal acknowledgement:* Offer brief responses that communicate understanding, acceptance, and empathy, such as "Oh," "I see," "Really," "Interesting," or "You did."

15. *Door-openers:* Invite other person to talk by expanding on or continuing your response. For example, "Tell me about it," "I'd like to hear your thinking," or "I'd be interested in what you have to say" would be door-openers.

16. *Reflective listenings (offering feedback or paraphrasing):* Receive, restate, or mirror back the message of the other person--no more, no less. Reflective listening is most appropriate for IEP meetings--reflecting only the content and facts.

17. *Active listening:* Help the other person to understand both the thoughts and feelings of the communication--"You sound worried about your child," "You are not pleased with the progress of your child," or "You're confused about what to do next." Active listening is appropriate when a person is somewhere in the process of the grief cycle or is expressing some strong emotions. Active listening can enhance interpersonal relationships.

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Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

COMMUNICATION SKILLS

The things we say to people in response to what they have said are considered our communication skills. Usually our responses fall into one of three categories:

1. *Solutions.* (Refer to Items 1-5 of the "Typical Twelve.") In a conversation where we hear of a person's concern or problem, we often respond by telling the person how to solve the problem or by warning him or her what the consequences will be if a particular course of action is chosen. We may also try to influence the other person with facts or counter arguments. Components of solution messages are giving logical opinions, ordering, warning, preaching, advising, and lecturing. The drawback to these responses is that we take the control of the conversation and the problem away from the person who needs the help.

"Do this!" "I've got it!"

"The answer is..." "You should..."

"I can tell you what to do..."

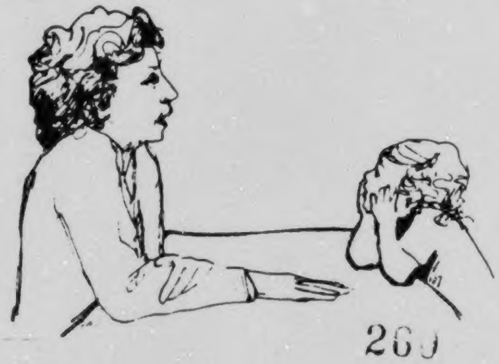
2. *Roadblocks.* (Refer to Items 6-12 of the "Typical Twelve.") Sometimes the things we say to people end up sounding like we are judging or criticizing them. We make them feel foolish by name-calling or shaming them. It is also considered a roadblock to communication if we always praise or agree or try to make the other person feel better. Reassuring, consoling, and sympathizing are efforts to try to make the feelings go away and to deny the strength of those feelings. Equally ineffective is analyzing, diagnosing, or "playing detective" about why someone is doing or saying something. Interrogating and judging attack the self-worth and integrity of the other person, saying, in effect, "There is something wrong with you that needs to be fixed." Other

roadblocks to communication are fatigue and environment. If we are tired or in a noisy, confusing place, it is hard to concentrate and be a good listener. In addition, communication is blocked when the parties are angry and upset and use words that hurt. Perhaps the biggest roadblock to communication is when the persons involved have conflicting agendas. This breakdown may occur when each person finds they want to discuss a different problem, so neither feels the conversation is going in the direction they wish.

3. *Effective responses.* (Refer to "Effective Responses.") Interestingly enough, one of the best ways to respond to what someone says may be with silence. A person who listens passively, with eye contact, posture, and gestures that communicate interest and concern, tells the other person that he or she is listening to what they have to say and not busy thinking what to say next. Phrases like, "Really," "You did!", and "Tell me about it," are door openers and invite the person to expand or continue. Another effective strategy is called active listening, which provides the person who is talking a chance to hear the thoughts and feelings he or she is expressing. Active listening phrases might be "You sound worried," or "You're not pleased with your child's progress."

ACTIVE LISTENING

Active listening allows the person talking (speaker) to come to the heart of the problem as he or she defines and redefines it. The problem becomes clearer to the speaker, feelings are dissipated, and solutions begin to form in his or her mind. The person listening (listener) can help these things to happen by saying the same thing in a different way, with different words, or by reflecting how he or she perceives the speaker to be feeling. One should use active listening when the other person has a problem; when the speaker is sharing ideas that are important to him or her; when the speaker is angry; or when the listener is unsure what the speaker means.



Active listening fosters a kind of catharsis and helps a person initially to identify and, subsequently, to accept one's own feelings. In addition, a person talking about a problem tends to feel comfortable with the active listener who reflects skillfully. In the school setting this may influence participants to be more open to a cooperative home-school relationship. Active listening is a technique that encourages a person to think independently and to discover his or her own solutions.

Active listening is a skill that requires considerable thought and practice. Many colleges and universities offer basic counseling or guidance courses that introduce and allow for the guided practice of active listening skills. Inservice programs or some of the commercially available courses, such as Parent Effectiveness Training (P.E.T.), provide excellent training opportunities for those who desire experience with this technique.

A summary of guidelines for active listening includes:

1. Listen for the basic message of the speaker.

2. Restate, or reflect, to the speaker a simple and concise summary of the basic content and/or feeling of the message.

3. Observe a cue, such as a body-language cue, or ask for a response from the speaker, to confirm the helpfulness of the reflection.

4. Allow the speaker to correct the listener's perception if it was inaccurate.

Gordon (1970) stressed that active listening is not simply an external technique "pulled out of the tool kit" whenever someone has a problem. Rather, it is a method for putting to work a *basic set of attitudes* about human relationships. Without these attitudes, the facilitator who attempts to listen to a person will appear to be false, empty, mechanical, or insincere. Whenever these attitudes are absent, a person cannot be an effective active listener. Gordon discussed some basic attitudes of an active listener that must be present during conversation*:

1. The listener must want to hear, and have the time to hear, what the speaker has to say. If the listener doesn't, he or she should say so.

2. The listener must want to be helpful with the person's problem at that time. Otherwise, the listener should wait until an appropriate time.

3. The listener must be able to accept the speaker's feelings, whatever they may be or however different they are from his or hers. To accept those feelings does not mean that the listener accepts them as your own but simply that he or she allows the speaker the right to feel as he or she does. It is a way of saying, "I can be me, and you can be you."

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4. The listener must believe in the speaker's ability to find solutions to his or her own problems. This requires the listener to give up decision-making powers over the speaker's life.

The risks involved in active listening stem from the process itself, which requires the listener to suspend his or her own thoughts and feelings. Active listening is not easy; it is physically and mentally demanding. It requires that we attend fully to another person; we cease to focus on our own concerns or problems; and we suspend our moralistic and ethnocentric biases and judgments. In short, it compels the listener to see the world as another (the speaker) sees it.

The person who willingly listens to another risks having his or her opinions and attitudes changed, and invites the possibility of having to reinterpret his or her own experiences. For some, this will be seen as an intensely threatening experience and, for this reason, they should refrain from its use. Others will choose to actively listen as part of their personal and professional commitment to families of handicapped children, as well as in the interest of expanding their own human potential.

Suggested Activity 1

The professional presenter should:

- Tell participants that they are going to practice some active-listening phrases that make others want to go to them for help with a problem.
- Place the following chart on the board. (Presenter can refer to "Guidelines for Active Listening (11-1) for discussion ideas.)

Problem Ownership	Reflection of Feeling	Description of Fact
You seem	worried	about the budget cut
You feel		

- Ask participants to begin a list of words that describe or reflect for the column, "Reflection of Feeling." Ask for volunteers to brainstorm. When the list is adequate, ask for some possible situations for the column, "Description of Fact." Have participants then fill in remaining blanks.

- Create some active-listening phrases by combining columns 1, 2, and 3. Refer to "Words Describing Feelings" (11-2) if discussion doesn't provide enough ideas.
- End the activity with the thought that people feel comfortable with the listener who reflects their own thinking.

NONVERBAL CUES IN COMMUNICATION

There is no such thing as "no communication." We are always in a communicating relationship, even while silent. Children are often very aware of nonverbal cues. For example:

Child: "Are you mad?"
Mother: "No!"
Child: "Well, you're sure *walking* mad!"

We communicate nonverbally through:

Facial expression (give example)
Body posture (give example)
Grunts and groans (give example)
Movement toward and away (give example)

Listening to nonverbal cues or messages requires careful active listening on the part of the message receiver. Often one must check out the nonverbal message several times before correctly identifying the message.

DETERRENTS TO EFFECTIVE LISTENING

Communication may break down for any number of reasons. Effective listening may be impeded by barriers that come between speaker and listener:

Barrier to Listening:	Barrier Created Because:
Fatigue	Listener is tired to begin with--listening is hard work.
Strong feelings	Speaker is angry or upset, which makes listening difficult.
Words	Words hurt--"retarded," "emotionally disturbed," and related terms bother people.
Professional talk	Many professionals talk between 70-80 per cent of the time at conferences.
Environment	Listener may be bothered by the noise or a poor seating arrangement.
Writing	Some people find it hard to talk when listener writes down what they say.
Conflicting agendas	Each of the persons involved in a conference or conversation want to discuss a different problem or topic. "Breakdown" possibility increases when there is limited time.

Suggested Activity 2

The professional presenter should:

- Elaborate on each barrier to listening, after listing them on chalkboard.
- Encourage participants to share experiences and feelings about each barrier.
- Refer to Roger Kroth's *Communicating With Parents of Exceptional Children** for more ideas.
- Discuss with participants the barriers created by persons who have conflicting agendas.
- Ask participants to respond to this situation:

  > A preschool teacher schedules a 15-minute conference with a parent to discuss her child's motor development. The parent is excited because now she will be able to talk to the teacher about the bus problem and request a mainstreaming experience.

  This type of conflicting agenda needs to be resolved to avoid a communication problem, and to insure that both parties can be listened to.
- Discuss these recomendations to both parents and professionals on how to avoid the problem of conflicting agendas:

  1. If parent schedules a meeting, be sure to explain the purpose of the meeting. Ask the professional if he or she has anything to discuss and ask if the time allotted is sufficient.

  2. Parent should prepare a written agenda for the meeting and give a copy to the professional at the beginning of the meeting. Ask if he or she would like to make any additions.

  3. If a problem is identified, set aside a few minutes to work up a new agenda or schedule additional time.

  4. If the meeting is an informal, regularly scheduled one, without a specific agenda, parent and professional can brainstorm a short agenda at the beginning of the meeting.

  5. If a parent or professional is invited to a meeting and does not have an agenda of his or her own, he or she should write down any questions relevant to the topic of the meeting beforehand. This avoids the "Darn, I wish I had asked . . ." feeling often experienced after a meeting or conversation is over.

- End the activity with the thought that all people, including parents and professionals, can work together to avoid barriers to listening.

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*Kroth, Roger L. *Communicating with Parents of Exceptional Children.* Diver, CO: Love Publishing Company, 1975.

GUIDELINES FOR ACTIVE LISTENING*

(for presenter's use only)

An accurate use of active listening skills will take a person to the heart of the concern or the problem that is bothering him or her. As the person with the problem defines and redefines, the problem becomes clearer to him or her, feelings are dissipated, and solutions begin to form in his or her mind.

Problem Ownership	Reflection of Feeling	Description of Fact
You seem	worried about	the budget cut
You think		
You want		
You wish		
You feel		

There is a place in the process of active listening for the listener's experience and input. However, this input is best when the problem has been thoroughly aired by the speaker and the listener's experience is in some way asked for. The active listener should inquire about solutions the speaker is considering before bringing in his or her own.

Here are some guidelines that may be helpful to active listeners:

1. Say the same thing as the speaker in a different way, with different words, or reflect how you perceive him or her to be feeling.
2. Stick with where the speaker is--don't lag behind or go farther than he or she has already suggested.
3. Respond to the speaker with the same feeling that he or she has. Feel it with the person. Empathize.
4. Use reflective listening only when you can feel accepting of the other person.

Use reflective listening when:

- The other person
    - -Talks about or expresses feelings (sometimes nonverbally), positive and negative.
    - -Has a problem.
    - -Is sharing ideas that are important to him or her.
    - -Is angry, assaultive, resistant.
- or, when you
    - -Are unsure what the other person means.
    - -Think you understand and want to check it out.
    - -Want to "share" or be with the other person.

Remember, when you listen, you are saying to the other person: "You are important. I want to understand you."

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WORDS DESCRIBING FEELINGS

pleased
happy
comfortable
uncomfortable
hopeful
confident
fascinated
refreshed
glad
excited
constant
satisfied
inadequate
cheered
encouraged
free
eager
delighted
approving
nervous
bored
anxious
weary

lukewarm
indifferent
irritated
distracted
resigned
pained
uneasy
concerned
stricken
embarrassed
displeased
provoked
disappointed
discontent
deflated
hopeless
abandoned
hesitant
resentful
wrought-up
shocked
unsettled
hurt
warm

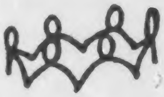
cold
surprised
great
dull
stupid
affected
moved
forlorn
lost
lonely
afraid
cautious
saturated
overcome
ashamed
ignored
put down
discriminated against
left out
let down
disregarded
used
uninterested

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Tell about your handicapped child's age, developmental level, handicapping condition, and school placement.
- Share how you were introduced to listening skills; how you learned these skills; and where participants can learn them.
- Tell how these skills have been useful to you in your role as an advocate for your handicapped child in dealing with (1) doctors and other health-care professionals; (2) educators; (3) your spouse and other family members and friends; and (4) the political process, if you are involved in lobbying for legislation and/or services.
- Share examples of personal barriers to listening that you overcame. What have been the consequences for you? For example, do you feel less like you have to solve everyone's problems now?
- Comment on the role model that you're providing for your handicapped child as well as for the rest of your family. Tell why it is important to model listening communication techniques for handicapped as well as nonhandicapped children.
- How have these skills and techniques become a part of your basic style?
- Parent and professional might want to role-play a situation in which the listening skill can be demonstrated.

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to take out the handout, "Ways to Respond" (used in introductory activity).
- Review the concerns presented and ask for volunteers to read their responses.
- Ask what kind of listening each response most represents. If the statement appears to be a barrier to good communication, discuss some alternate listening styles.
- Have participants pair up. In order to practice nonverbal communication, have Person A communicate with some form of body language. Person B should "listen" to the nonverbal cue and then check out his or her perception with Person A. Example:

  Person A: (yawn)
  Person B: "You're bored?"
  Person A: "Nope."
  Person B: "You're feeling like you'd rather be doing something else?"
  Person A: "No. I'm enjoying myself, but I was up until midnight last night and I'm a bit tired."

- Move from communication styles to the activity that involves the barrier to communication called conflicting agendas.

- Read the following situation to participants:

  > A teacher schedules a 15-minute conference with a parent to discuss the child's pottying schedule. The parent is excited because he'll have the opportunity to discuss the long travel time his child has each morning on the bus and also request an evaluation by the speech therapist.

- Ask participants to make suggestions as to how both of these conflicting agendas could be resolved in a 15-minute conference.
- Ask what recommendations the group has for positive conferencing with teachers and other professionals who work with a child.
- Ask participants for some personal examples of when communication barriers--such as fatigue, environment, emotions and conflicting agendas--have gotten in the way of effective communication.

Parent Summary Sheet

LISTENING

Do you truly listen to your children? Do you take the time from watching TV, cooking, or reading to look at your child and hear not only what is being said but try to understand why he or she is saying it?

Do you know that only half of communication is talking--the other half is listening? Do you preach, advise, blame, or scold your children, and then feel that they're not listening? Do they get a chance to be heard and understood, or is listening the only thing they get to do?

Communication is essential if you are to know your children, have meaningful relationships with them, and validate their sense of worth. Listen and talk. . . and encourage them to listen and talk as well.

IS ANYBODY LISTENING?		
Effective Listening	Ineffective Listening	
Active Listening: -Silence -Eye contact -Reflective phrases	Warning Influencing Preaching Advising	Judging Analyzing Consoling Sympathizing

LISTENING SKILL GUIDELINES

- Listen for the basic message of the speaker.
- Restate to the speaker a summary of the basic content of the message.
- Ask for a response from the speaker to confirm listener's reflection.
- Allow the speaker to correct listener's perception if it was inaccurate.
- Allow enough time for listener to hear what the speaker has to say. If listener doesn't have time, he or she should say so.
- Listener must want to be helpful with a person's problem.
- Listener must accept a person's feelings even if they differ from his or her own.

Barriers to Listening
Fatigue Poor environment Emotions Conflicting agenda

SUGGESTED READING

Clarke, Jean. *Self Esteem: A Family Affair.* Minneapolis, MN: Winston Press, 1978.
An excellent book that starts off with parenting strengths and offers options for making things better. Helps parents bring out the best in their children and in themselves.

Clifford, Ray. *Communication: Parental Skills for Parents of Handicapped Children.* Houston, TX: Interaction, 1972.

Gordon, Thomas. *P.E.T.: Parent Effectiveness Training.* New York: Peter Wyden, Inc., 1970.
A training course that works with children of all ages, from the very young to rebellious adolescents.

Novello, Joseph. *Bringing Up Kids American Style.* New York: A & W Publishers, 1981.
A guide for practical parenting values, communication, and discipline.

Bibliography

Books

Chappel, Bernice. *Listening and Learning.* Belmont, CA: Pitman Learning, Inc. 1973.

Chinn, Philip. *Two-Way Talking with Parents of Special Children: A Process of Positive Communication.* St. Louis, MO: C.V. Mosby Co., 1978.

Gordon, Thomas. *P.E.T.: Parent Effectiveness Training.* New York: Peter H. Wyden, Inc., 1970.

Satir, Virginia. *Peoplemaking.* Palo Alto, CA: Science and Behavior Books, Inc., 1975.

Wagonseller, Bill, and Richard McDowell. *You and Your Child: A Commonsense Approach to Successful Parenting.* Champaign, IL: Research Press, 1979.

Wood, John T. *How Do You Feel? A Guide to Your Emotions.* Englewood Cliffs, NJ: Prentice-Hall, 1974.

Audiovisual Materials

The Art of Parenting. Research Press Co. Filmstrip, color, with audiocassette. Teaches parents how to avoid power struggles with their child by using communication techniques that will convey their understanding of the child's feelings.

The Child's Point of View: Understanding Early Childhood: Ages 1-6. Parents Magazine. Filmstrip, cassette. Points out that a child needs to develop communication at his or her own pace and that pushing leads to frustration. Tells how important it is to understand the child's point of view and recommends openness on the part of parents to accept the child's view even if theirs is different.

The Secret of Little Ned: Listening to Children: Children Should Be Seen and Not Heard. Footsteps Series, University Park Press, International Publishers in Science, Medicine and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, color. Points out that talking is only half of communication--listening is the other half. Listening is one of the best ways for parents to know their children and is a way to show they care.

Tell It Like It Is: Learning How to Be Assertive

(Communication II)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To introduce the concept of assertive communication and to assess participants' skills in this area.	289	10 minutes
Professional Presentation	To understand ways of communicating assertively and to learn strategies that will enable one to be heard. To become acquainted with and skillful in problem-solving techniques.	291	40 minutes
Parent Presentation	To share personal experiences about how assertive communication and problem-solving skills have been helpful to a parent of a handicapped child.	304	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To practice assertive communication and problem-solving skills.	305	40 minutes

Overview

Assertiveness enables a person to state a message in a direct, honest, and appropriate manner, thereby not violating the human rights of others and keeping the lines of communication open. When parents communicate assertively with other adults or with their children, they are confident and straightforward and know where they stand.

Once persons in a relationship are listening and asserting themselves in an appropriate fashion, the first steps to creative problem solving have been taken.

Conflicts and problems are part of all human interaction. Conflicts can be solved in positive ways. Relationships can be strengthened if all parties listen to and respect others' needs, as well as their own, in order to arrive at a mutually acceptable situation.

Solving problems in a productive manner is an important skill for parents to have and to teach by way of example to their children. Problems come up when people live together and develop close relationships, the number of problems that arise is not as important as how those problems are resolved to everyone's satisfaction.

Introductory Activity

The professional presenter should:

- Tell participants you want them to respond to the situation in the handout, "Assertive Responses."
- Allow five minutes to complete handout.
- Have extra pencils available.
- End activity with the idea that completing this exercise has been an opportunity to become aware of one's assertiveness or nonassertiveness in a situation where one wants to be heard. This skill will be practiced further.

ASSERTIVE RESPONSES

Directions: Read over the situation described below and write a brief response to each.

1. You are having a phone conversation with your friend and your three-year-old child runs in, tugs on you unceasingly, and says, "Mommy, I'm thirsty." "Mommy, I want juice." "Mommy, talk to me!" You say:

2. You have a good relationship with your pediatrician, but you want a second opinion regarding your son's apparent lack of normal development. During your appointment with the doctor you say:

3. You are angry at your neighbor, who constantly points out how much better her toddler is performing at preschool than your child. You say:

4. You and your husband are at a party with other families. You have spent a good deal of time feeding and attending to your severely retarded four-year-old child while your husband has socialized with other adults. You really need help. You say:

5. You regularly arrive on time twice a week for your child's physical therapy appointment. For three weeks you have had to wait at least 20 minutes for each appointment. At the last appointment where you have been kept waiting, you approach the receptionist's desk and say:

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

COMMUNICATING FEELINGS

Feelings are an essential element of communication; if a person is in touch with his or her feelings, they can provide a great deal of information. Feelings tell us about our relationships with others; they can serve as signals in communication processes.

We have been taught, and may teach our children, to hide feelings in subtle ways by instructing, "Keep your feelings to yourself," or "Don't cry." There is no such thing as *controlling* feelings by *ignoring* them. Some ways feelings will be expressed are:

1. Psychological or physical signs--blushing, having sweaty palms, etc.

2. Acting out--kicking, punching, kissing.

3. Direct expression--"Shut up," "Get out of here!"

4. Indirect expression--"She's a poor teacher," "That's a good meal."

5. Direct report--"I love you," "I'm angry with you."

- Presenter: Discuss with participants the following examples of how feelings are expressed:

  -"Hey! Get your feet off!"
  -"You're so inconsiderate."
  -"You kids are driving me crazy."
  -"You're a wonderful person."

ASSERTIVE COMMUNICATION

In order to communicate one's feelings appropriately, a person must learn to be assertive. The purpose of assertive communication is threefold.

1. To enhance one's own self-esteem.
2. To state one's case, feelings, or limits, without violating the rights of others.
3. To keep the lines of communication open.

An assertive communicator states his or her message with eye-to-eye contact, in a clear voice, and in a direct, honest, and appropriate manner.

A nonassertive communicator lets others make the choices and be in control. He or she feels helpless, manipulated, and angry later. Usually, in conversations, a nonassertive communicator keeps his or her eyes downcast, plays with hands, and mutters in a quiet voice.

Aggressive communication is characterized by a righteous and superior attitude that makes others feel humiliated and defensive. This type of person usually talks in a loud voice, shakes his or her finger and moves into conversations where he or she is not wanted.

- Presenter: Pass out handout, "Communication Differences" (12-1), which explores what goes on between communicators in nonassertive, assertive, and aggressive interactions.

ASSERTIVE TECHNIQUES

I-messages

Thomas Gordon, in his book, *P.E.T.: Parent Effectiveness Training*, has developed what he calls "I-messages," which are phrases that state directly what you feel instead of "You-messages," which are phrases that attack other persons. By giving a nonblameful description of the way a person feels, the other person receives a clear idea of what has been done without creating excessive defensiveness.

For example, a person makes an appointment with someone for 10:00 and that person doesn't arrive until 10:30. A "You-message" response would be, "You are half an hour late." A more appropriate "I-message" would be, "I got uneasy because it's already 10:30, and I am on a tight schedule and have another meeting at 11:00."

- Presenter: Pass out handout, "Assertive Techniques" (12-2). The components of an "I-message," which you may want to write on the board.

DESC Script

The DESC script is another assertive technique. Each of the letters in the name stands for a step in the assertiveness process:

D - Describe.

E - Express your feelings.

S - Specify what you want done.

C - Consequences (either positive or negative).

For example, a mother takes her son to the doctor, concerned about his many ear infections and lack of speech development. The doctor looks in his ears and says, "Well, he doesn't have an ear infection now." According to the DESC script, she would:

Describe - "The doctor doesn't understand or respond to my concern."

Express - "I am worried about his many ear infections and the fact that he's two and doesn't say any words."

Specify - "I want the doctor to prescribe some hearing tests to determine if his previous ear infections have caused a lack of hearing, thus interfering with speech development."

Consequences - "If you don't follow up my concerns with more understanding statements or with more action-oriented methods, I'll change doctors."

Giving and Receiving Criticism

Giving and receiving criticism can really test people's communication skills. It is important to stay objective and try not to let emotions take over when giving criticism to another person; be as factual as possible. One should state his or her own feelings first and clarify what is meant. The person criticized should ask the other person what he or she means and then specify, "When did I say that?" or "Was I that way?" Then the person criticized should state his or her own feelings.

ASSERTIVE TECHNIQUES:
"I"-message
D-describe
E-express
S-specify
C-consequences
Giving criticism.

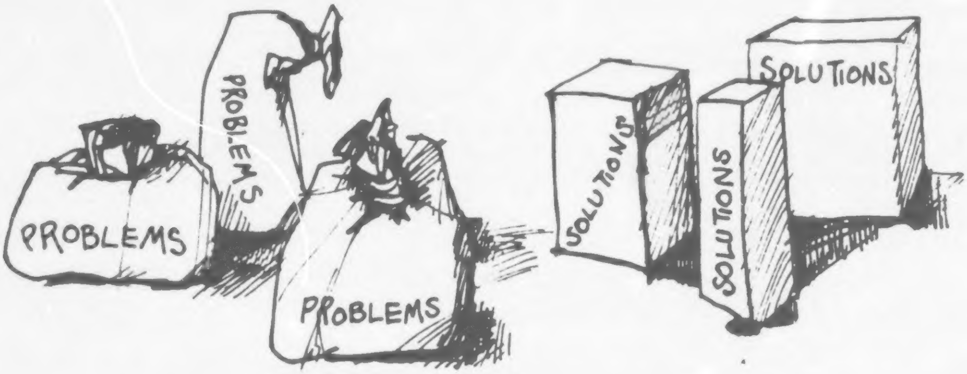
Suggested Activity 2

The professional presenter should:

- Tell participants that they are going to practice some assertive techniques in effective communication.
- Pass out handout, "Assertive Communication" (12-3).
- Read the situation to the group.
- Review the components of an "I-message" and ask participants to write a response using this assertive technique.
- Allow a few minutes and ask for volunteers to read some of their statements.
- Review the DESC script and ask participants to volunteer some of their responses using this technique.
- Review the tips on giving and receiving criticism. Presenter should write a statement in which the mother of the handicapped child criticizes her mother for going against her wishes. Ask for volunteers to share their statements.
- End the activity with the thought that even where a person wishes to "keep the peace" in response to a problem, he or she needs to consider the consequences of inaction. In the situation involving criticism, the mother feels having her handicapped son pick up his own toys will make him feel good about himself and make him take some responsibility. She is concerned that her mother is giving him the message, "You aren't able to pick up your own toys," which is counterproductive to promoting self-esteem. What she must do is help the grandmother understand that she, the mother, is an important person in her son's life and that the messages she sends him are shaping his self-esteem. She should try to convey her ideas in a statement that does not attack the grandmother.

PROBLEM SOLVING

Conflicts and problems are all part of human interaction. Conflicts can be solved in creative ways. Relationships can be strengthened if all parties listen to and respect each other's needs, as well as their own, in order to arrive at a mutually acceptable solution.



Thomas Gordon, in his book, *P.E.T.: Parent Effectiveness Training*, has outlined what he calls the "No-lose" method of conflict resolution. The no-lose method requires that the persons involved in a possible conflict situation will be able to join together in problem-solving. There are two prerequisites. The persons must have skills in active listening and assertiveness or "I-messages." Active listening is necessary in order to understand the feelings or needs of the other person. Active listening on one person's part will allow the other person to openly express feelings and to release pent-up feelings. Active listening by one person tells the other person that the suggestions or proposed solutions were heard, and were accepted and wanted. "I-messages" are important so that one person knows how the other feels without putting that person down or blaming him or her. "I-messages" need to be expressed in order for a person to define the limits involved in the possible conflict situation.

The six steps to the no-lose method* of problem solving are:

1. *Identifying and defining the conflict.* The two or more parties want to become involved in identifying and defining the conflict. The time and place should be convenient for both (or all). All persons must recognize that there is, in fact, a problem to be solved.

2. *Generating possible alternative solutions.* In this step, all parties generate as many solutions as possible. It is important to accept each suggestion without evaluating it or putting it down.

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3. *Evaluating the alternative solutions.* All persons participate in the evaluation of all the suggested solutions. Those involved should remember to state "I-messages" as the number of possible solutions narrow.

4. *Deciding on the best acceptable solution.* If those participating in the discussion up to this point have been honest and open to all suggestions, this step should be easier. As the final choice narrows, all persons should participate and contribute. It should be remembered and agreed that the final decision is open and can be changed. Before the solution is written down, make an effort to make sure all persons understand what is being agreed upon.

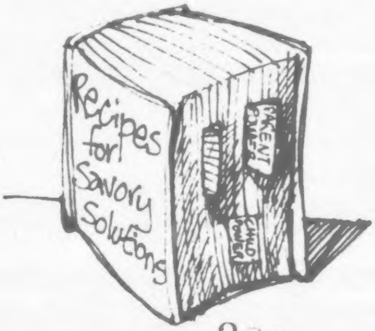
5. *Working out ways of solution.* After a decision is reached, there may be items that need to be spelled out in detail before the final decision is implemented. Some of the minor details may be things such as: how often, on what days, criterion for neatness, and so on.

6. *Following up to evaluate how it worked.* After the solution agreement has been in effect for a specified time, there is a need to call all participants back together to evaluate the plan. Sometimes the plan may need modification.

Suggested Activity 2

The professional presenter should:

- Tell participants that they are going to use some problem-solving techniques on this activity.
- Pass out the handout, "Resolving Problems" (12-4).
- Read the situation, and instruct participants to use each of the six steps of the problem-solving method when completing handout.
- Allow 10 minutes to complete handout.
- At the end of the time period, write step categories 1-6 on the chalkboard. Ask for volunteers to give a statement that illustrates each step.
- Pass out the handout, "How To Hold a Family Council" (12-5), which can be used to further supplement the discussion on problem solving.
- End the activity by stating that this model of problem solving may be appropriate for many family and working situations.



COMMUNICATION DIFFERENCES

	NON-ASSERTIVE	ASSERTIVE	AGGRESSIVE
Characteristics of communicatory (self).	Lets others choose for self. Is self-denying; emotionally dishonest; inhibited; "ping-pong ball."	Chooses for self. Is appropriately honest; direct; self-respecting; straight forward.	Chooses for others. Is inappropriately honest and direct; self-enhancing; derogatory.
One's own feelings while interacting.	Feels anxious; ignored; helpless; manipulated; angry at self or others (later).	Feels confident; self-respecting; goal-oriented; valued; accomplished (later).	Feels righteous; superior; controling; possibly guilty or ashamed. (later).
Other's feelings in the exchange.	Feels guilty or superior.	Feels valued; respected.	Feels humiliated; defensive; resentful; hurt.
One's own behavior--verbal and nonverbal.	Keeps down-cast eyes; plays with hands; puts hand over mouth; withdraws or smiles when angry; mutters quietly.	Is alert; has relaxed eye-contact; is relaxed (moves in and out of conversation, touching); firm, slow voice.	Loud voice; shakes finger; moves into someone's space, screechy; square shoulders.
One's view of personal rights.	Feels that others are more important than self.	Feels that personal rights and those of others are equally important.	Feels one's own rights are most important.
Other's views during interaction.	Lacks respect; feels distrust; sees other person as a pushover.	Respects; trusts; knows where other person stands.	Is vengeful; angry; distrustful; fearful.
One's own view of interaction outcome.	Feels others achieve their rights; one's own rights violated.	Feels one's rights and those of others respected.	Feels one's own rights upheld; others violated.

ASSERTIVE TECHNIQUES

Two techniques to use in assertive communication are discussed below.

1. Thomas Gordon's *I-messages**. These are best used with people with whom you must live with and work closely with. The ideal "I-message" includes these three elements, arranged in any order.

Nonblameful Description of Specific Behavior *When*	Congruent Primary Feelings *I feel*	Description of the Concrete and Tangible Effects on Me *Because*
The other person receives a clear idea of what has been done without creating excessive defensiveness. A specific, rather than a general, description is most effective. Blameful words or intonations are to be avoided.	The "I-message" allows the other person to hear and feel the intensity of the sender's concern. Expressing primary feelings displays the sender's need for the other's help and encourages openness. Remember, anger is a secondary feeling.	If the other person can see the effect of the behavior, the person is more likely to consider changing. Stating the effects of the behavior helps the message avoid being judgmental or moralistic, or of sounding like "It's for your own good."
Example: Person makes an appointment for 10:00 and the other person doesn't arrive unil 10:30.	"I got uneasy . . . "	". . . because I am on a tight schedule and have another meeting at 11:00."

2. DESC script. "D" - Describe.
"E" - Express your feelings (feelings least important of all).
"S" - Specify what you want done.
"C" - Consequences (positive--reward; negative--punishment).

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ASSERTIVE COMMUNICATION

Directions: Respond to the situation below, using the three assertive techniques that follow the situation.

> Your mother, who lives nearby and often cares for your children, thinks you're too harsh with your multihandicapped son. You've just told him he cannot go outside until he picks up his toys. Your mother tells him to go out and play, and she'll pick up the toys.

1. Your response, using an "I-message":

____

____

____

____

2. Your response, using the DESC script:

Describe - ________________________________

Express - ________________________________

Specify - ________________________________

Consequences - ____________________________

____

3. Your response, using techniques on giving criticism:

____

____

____

____

RESOLVING PROBLEMS

Directions: Respond to the situation below, using each of the six steps involved in problem solving.

> A mother is observing her three-year-old daughter playing outside the preschool she has just recently enrolled in. The mother notices that the teacher is allowing the girl to play in the sand, getting sand in her clothes, shoes, hair, and mouth. The mother believes that little girls should be feminine and dresses her daughter in her nicest dresses for school. The teacher believes that all children benefit from sand play and outdoor activities, and that getting dirty often means the child is experiencing some good, honest fun.

Step 1 - Identifying and defining the conflict: ______________________________

____

____

Step 2 - Generating possible alternative solutions: ______________________________

____

____

Step 3 - Evaluating the alternative solutions: ______________________________

____

____

Step 4 - Deciding on the best acceptable solution: ______________________________

____

____

Step 5 - Working out ways of implementing the solution: ______________________________

____

____

Step 6 - Following up to evaluate how it worked: ______________________________

____

____

HOW TO HOLD A FAMILY COUNCIL*

An effective way to promote harmony and organization in the family, and to insure that there is a definite structure for members' feelings to be expressed and problems to be solved, is to hold family councils on a weekly basis. There are no rigid rules to follow, because you do what fits your family best, but the following guidelines will help you get started.

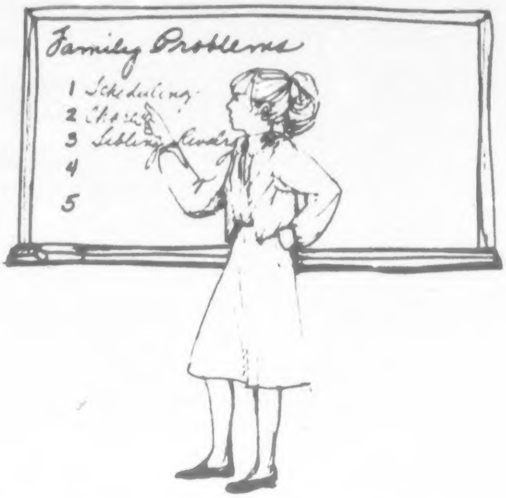
1. Choose a table--any shape, and size--where each member of the family can pull up a chair. Let the toddler join in, too--he or she will soon learn not to disrupt. Encourage every person in the home to join the meeting; a grandparent, aunt, or even a boarder, shares in the family council. Provide a notebook and pen to make a permanent record of decisions reached.

2. At the first meeting, announce the chairperson and the secretary. Mother and Father, having talked over the prospect, are best prepared to assume these positions initially. If Mother is the one who always keeps track of things, let Dad be the secretary. If Dad usually keeps peace and maintains order, let Mom be the chairperson. Each parent thus learns something new right away.

3 Ask the children to take their usual places at the table and to try to remain there until the meeting is over. It is not necessary to have all family members present in order to hold a family council, although it is desirable. As a cooperative spirit becomes established, all family members will join in the weekly council whenever it is possible for them to do so.

4. Rotate the official duties around the family circle. If Dad sits at the head, acting as secretary, next week make John (on his left) secretary. If Mother, at the other end, is chairperson, let Mary (on her left) be chairperson next week. Carry on this rotation until everyone in the family who can read and write has had a turn being secretary or chairperson. When two children take these roles, Mother and Dad become regular participating members.

5. Set the agenda for the meeting to read like this:
    a. Reading of minutes (starting with second meeting).
    b. Calendar for coming week.
    c. Bank and other financial transactions between parents and children.
    d. Old business.
    e. New business.
    f. Future plans.



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*Adapted from *Focus On Parenting*. San Diego Unified School District, San Diego County Board of Education, 1979.

6. Call the first meeting for the specific purpose of planning family fun to follow. Let each member have a say in what the fun will be. Mother and Dad may offer suggestions but should not force their own ideas.

7. Decisions that are made are the result of the democratic process, which means that full discussion is allowed. Each member of the family should be allowed to offer his or her thoughts and be assured of being listened to by every other family member. *A decision must be made by consensus or else no decision is reached.* Decisions that are made as a result of a majority vote mean somebody has been overpowered. The family council strives to teach the value and process of cooperation for the common good of all, as well as mutual respect and the democratic process. Assuming that cooperation and order are basic values that each family member desires, it should not take too long before decisions can be made by mutual consensus.

8. When the first meeting is over, carry out the group's decision for a family activity. The first meeting should last no longer than 15 minutes--order cannot easily be kept longer in a family not used to acting jointly. When the family has some experience at holding meetings, ideas will come readily, but at first it is best to keep meetings short.

   A game around the table after the meeting might be a different treat for a family that has not yet learned to play together. Refreshments can follow. The important thing is having the pleasant atmosphere of the meeting spill over into family life.

Successful operation of the council depends on all members of the family having equal status. It is often difficult for parents to give up some of their authority for a while. Repayment comes in increased cooperation from the children. Each child learns his or her own value to the family and the worth of every other member.

Meeting together does not imply that the parents must do whatever the children decide. Certain basic questions of health and welfare are exclusively parental responsibilities. However, more family problems can be discussed by all family members than might have been allowed in the past, and the children can truly contribute to the decision-making process in a responsible way.

The family council is a good place to assign household tasks. This setting provides the whole family an opportunity to share the responsibilities, as well as the privileges, of the home. Under "new business," you can bring up "jobs." The children should do some tasks without being asked each time. All members of the family can participate in making a list of household tasks such as emptying wastebaskets, taking out garbage and trash, cleaning the basin, setting and clearing the table, and helping with the dishes. To start it off, let the children choose their jobs, and decide how they will do them. Then rotate the responsibilities from meeting to meeting. The children will become more and more reliable in carrying out their work and only rarely will they need to be reminded.

A common problem that can be handled at the family meeting is conflict between brothers and sisters. A grievance can be brought up by any family member, and all involved have his or her say. A cardinal rule to be followed throughout the family council is that each person is to be allowed to speak his or her thoughts, *without interruption*. The chairperson can enforce this rule, if necessary. Trouble spots are resolved by group thinking.

The family council is a good place to make plans for parties and holidays. Members can decide who to invite and what to serve. If the parents have an adult party, the older children could help plan for it and even stay to help serve.

Holding a family council is not always easy, but in most homes family members look forward to these weekly times for joint thought and action. As the children grow up, it is one time that you will all be together and be able to enjoy the fun you can have as a family. The family council will help members enjoy one another as individuals.

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Talk about your handicapped child's age, developmental level, handicapping condition, and school placement.
- Share how you were introduced to assertiveness and problem-solving techniques; how you learned these skills; and where participants can learn them.
- Tell how these skills have been useful to you in your role as an advocate for your handicapped child in dealing with (1) doctors and other health-care professionals; (2) educators; (3) your spouse and other family members and friends; and (4) the political process, if you are involved in lobbying for legislation and/or services.
- Share examples of personal barriers to assertiveness that you overcame, such as your conditioning as a woman, cultural expectations, and so on. What have been the consequences for self-esteem?
- Comment on the role model that you're providing for your handicapped child as well as for the rest of your family. Tell why it is important to model assertive communication techniques for handicapped as well as nonhandicapped children.
- How have these skills and techniques become a part of your basic style?
- How have you used problem solving in your family?

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to take out the handout, "Assertive Responses" (from introductory activity).
- Review the five situations, and ask for volunteers to read their responses.
- Use handout, "Assertive Communication" (12-3), and ask volunteers to put their responses into an "I-message" or a DESC script.
- Ask for a volunteer to suggest a family problem or concern that the group might help solve using the six steps of problem solving.

Six Steps in Problem-Solving

- Identify and define the conflict.

- Generate possible alternatives.

- Evaluate the alternatives.

- Decide best possible solution.

- Work out ways of implementing.

- Follow-up to evaluate effectiveness.

Parent Summary Sheet

ASSERTIVENESS AND PROBLEM SOLVING

Assertiveness enables a person to state a message in a direct, honest, and appropriate manner, thereby not violating the human rights of others and keeping the lines of communication open. When parents communicate assertively with other adults or with their children, they are confident and straightforward and know where they stand.

Solving problems in a productive manner is an important skill for parents to have and to teach by way of example to their children. Problems come up when people live together and develop close relationships, but the number of problems that arise is not as important as how those problems are resolved to everyone's satisfaction.

ASSERTIVE TECHNIQUES

1. "I-message"
2. DESC script:

    D - Describe.
    E - Express your feelings.
    S - Specify what you want done.
    C - Consequences (negative or positive).

3. Giving and receiving criticism.

PURPOSE OF ASSERTIVE COMMUNICATION:

① To enhance own self-esteem.
② To state your case, feelings, or limits without violating the rights of others.
③ To keep the lines of communication open.

HOW TO HOLD A FAMILY COUNCIL

1. Set up the physical space in which to meet.
2. Announce who will be chairperson and secretary.
3. Set guidelines for behavior and participation in meeting.
4. Set agenda.
5. Conduct meeting according to the democratic process.
6. Follow up meeting with a family activity.

SUGGESTED READINGS

Alberti, Robert, and Michael Emmons. *Your Perfect Right: A Guide to Assertive Behavior.* San Luis Obispo, CA: Impact Publications, 1974.
Short and concise book that reviews skills necessary for assertive communication.

Gordon, Thomas. *P.E.T.: Parent Effectiveness Training.* New York: Peter H. Wyden, Inc., 1970.
A training course that works with children of all ages, from the very young to rebellious adolescents.

Satir, Virginia. *Peoplemaking.* Palo Alto, CA: Science and Behavior Books, 1975.
An excellent, easy-to-read resource on family interactions and social and emotional growth. Offers practical suggestions for promoting healthy family styles.

Bibliography

Books

Alberti, Robert, and Michael Emmons. *Your Perfect Right: A Guide to Assertive Behavior*. San Luis Obispo, CA: Impact Publications, 1974.

Bloom, Lynn, et al. *The New Assertive Woman*. New York: Dell Publishing Co., 1976.

Chinn, Phillip. *Two-Way Talking With Parents of Special Children: A Process of Positive Communication*. St. Louis, MO: C. V. Company, 1978.

Gordon, Thomas. *P.E.T.: Parent Effectiveness Training*. New York: Peter H. Wyden, Inc., 1970.

Satir, Virginia. *Peoplemaking*. Palo Alto, CA: Science and Behavior Books, 1975.

Wagonseller, Bill, and Richard McDowell. *You and Your Child: A Commonsense Approach to Successful Parenting*. Champaign, IL: Research Press, 1979.

Audiovisual Materials

Christinitas. Footsteps Series, University Park Press, International Publishers in Science, Medicine and Education, 233 East Redwood Street. Baltimore, MD. This television program refers to a family problem-solving situation.

Accentuate the Positive: Understanding Behavior Management I (Theory)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To encourage participants to define behavior in their children that they would like to change.	313	10 minutes
Professional Presentation	To become familiar with behavior-modification terms. To become aware of home environment conditions necessary for implementing a successful behavior-change program. To become aware of the effect of antecedents and consequences of behavior.	315	40 minutes
Parent Presentation	To provide a personal account of development and implementation of a behavior-change program.	327	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To familiarize participants with techniques of collecting baseline data.	328	40 minutes

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Overview

Webster's dictionary defines discipline as "training that develops self-control, character, or efficiency." When we discipline children, we are teaching them: (1) To use desirable behavior, and (2) To avoid undesirable behavior. The overall goal of a discipline program is to develop in a child independence and appropriate decision-making skills.

Parents often find themselves in a dilemma over what it means to be a "good" parent. Styles of parenting are changing constantly, with new books and courses being offered every year. Many practices concerning parenting that were accepted by our parents and grandparents are now openly questioned and sometimes rejected. Parents must deal with the confusion between one's own ideas and those of family members, friends, doctors, clergy, teachers, and numerous so-called experts on parenting.

Most people find it comforting to know that *there is no one correct way to behave as a parent,* just as there is no one right way to be a child. In the process of developing one's own parenting style, it is advisable to avoid extreme approaches to child rearing that may be unhealthy for the positive growth and development of children. In parenting, as in many other areas, moderation tends to yield the best results. For example, children have the basic need to explore the world around them and move about freely, yet they also need to be protected from hurting themselves and other people. Applying the principle of moderation, we could say that a balanced parenting style--one that is neither overpermissive nor overprotective--would be most likely to enhance children's growth.

Behavior modification, which is based on the concept that behavior is learned, is one method of teaching and maintaining desirable behavior. Children learn both desirable and undesirable behaviors from others (parents, brothers, sisters, and peers), and these behaviors are reinforced through the child's interactions with these people. Handicapped children seem to require more structure and external control than those who are not handicapped.

Introductory Activity

The professional presenter should:

- Tell participants that the purpose of this presentation is to learn ways to effect changes in the behavior of others and, specifically, in the behavior of our children.
- Pass out handout, "Defining Behavior," to each participant and have extra pencils available.
- Ask participants to jot down a list of behaviors that they would like to see changed in their child. Ask, "Are these behaviors you would like to increase?" and "Are these behaviors you would like to decrease?"
- Allow five minutes to complete handout.
- Now ask participants to rank those behaviors in order of priority. Ask, "Which behavior do you consider most important to change?" and "Which behavior do you consider least important to change?"
- End the activity with the thought that behaviors can be changed and that some specific ways to help make important changes will be provided in the professional presentation.

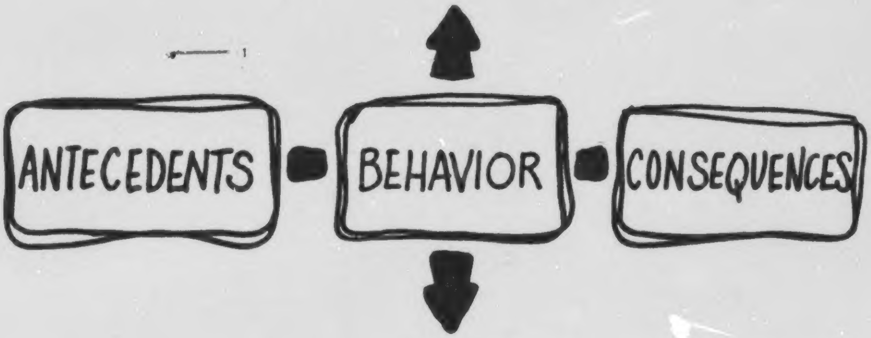
DEFINING BEHAVIOR

Rank	Specific Behavior to Change	Increase (+)	Decrease (-)	How to Observe Behavior	Time and Place to Observe

Professional Presentation

The professional presenter should:

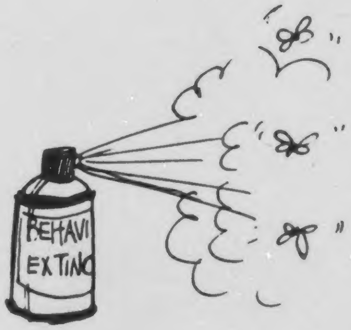
- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.
- Draw the following diagram on the chalkboard or use overhead transparency (13-1).



- Explain the diagram using the information that follows.

BEHAVIOR MODIFICATION PRINCIPLES

The principles of behavior modification are based on the premise that behavior is learned. In addition, behavior is controlled and maintained by factors in the environment. The events that occur before a behavior are called antecedents. The events that occur after a behavior are called consequences. Antecedents and consequences can either increase or decrease a target behavior.



Sometimes parents unintentionally "teach" or increase the frequency of a behavior they wish to decrease. We may think we are "punishing" a behavior with spanking or scolding, yet that behavior is not decreasing but is being reinforced in some way. Because the spanking and scolding did not decrease the behavior, we are only succeeding in communicating to the child that "something" is not acceptable. Through continued or persistent negative interactions, the child's self-esteem may suffer.

Some effective ways of dealing with behavior will be discussed. In a general sense, behavior can be changed or controlled by varying the antecedents of the behavior with effective environmental structuring or by altering the consequences of the behavior through various means.

Control of Behavior Through Antecedents

When parents desire a change in their child's behavior, it is possible to structure the events in the child's environment to increase the likelihood that the desired behavior will occur. The following suggestions show how parents can modify the child's environment by providing appropriate antecedents.

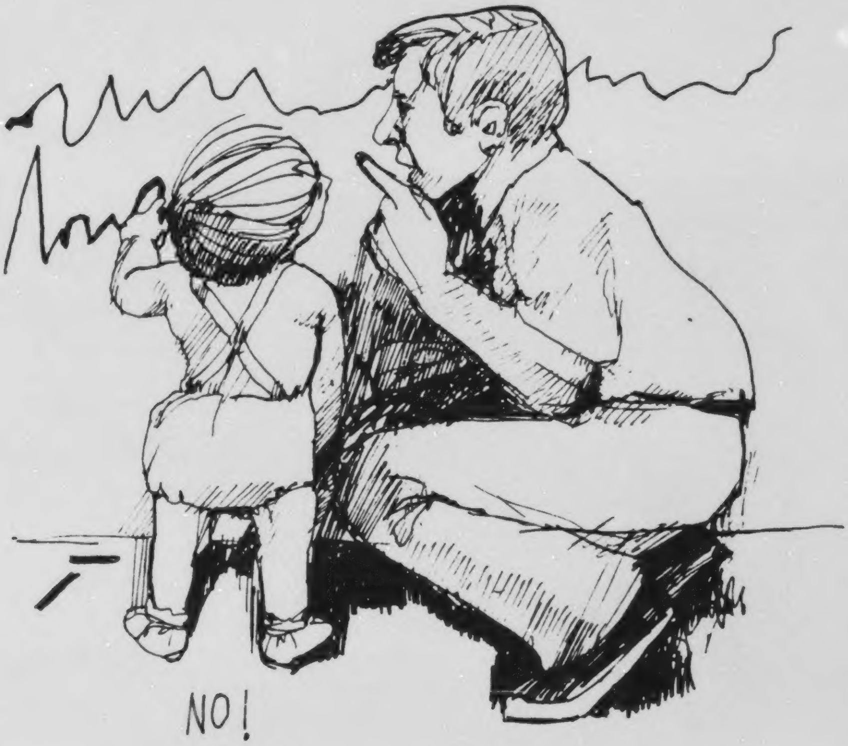
1. *Enriching the environment.* The parents can make an effort to provide a number of activities for the child that may help him or her control unacceptable behavior. If the child can select something enjoyable from a number of possibilities, he or she may be less likely to "get into trouble." The parent could also designate one area, perhaps outside or in a garage, to be the child's own "space" where he or she is free to explore. In that special area the child knows that it is acceptable to pound, paint, and be messy.

2. *Limiting the environment.* There are times when the child should have limited stimulation. At bedtime, it is important that the child be quiet, without excessive stimulation. Too many activities can sometimes interfere with the child engaging in the appropriate behavior.

3. *Simplifying the environment.* When tasks are too hard or complex, the child may become frustrated or angry. By providing a simplified environment, the child is more likely to succeed and less likely to engage in unacceptable behavior. Simplifying the environment can mean low coat racks, unbreakable dishes, clothes easy to put on, removal of valued objects, general child-proofing, and, for handicapped children, specially made daily living items.

4. *Structuring the environment.* The child needs to know the limits of acceptable behaviors. Establishing a few (not more than four or five) simple rules will help limit appropriate behavior and provide the child with needed structure. In establishing the rules, it is important to specify a consequence for following *or* breaking the rule. In that way, everyone knows "how to play the game."

Another way to structure the environment is to provide signals for the child that his or her behavior is unacceptable. For example, a rule may be, "Only sit on the furniture--no jumping." The parent and child may then establish a rule "reminder." When the parent raises one hand, the child is to remember the rule. If the child continues and breaks the rule, a consequence must follow. Other kinds of signals may be pictures on a chart, a stop sign, hand motions, important words, or even nonsense words. The novelty of the signal may greatly assist in catching the child's attention and in stopping unacceptable behavior.



Preparing the child in advance for change is another way of structuring. When the parent is getting ready to interrupt play, it works best to give the child an advance warning. For example, a parent may say, "It looks like you're having fun, but we'll need to leave in five minutes." The child may not have a concept of "five minutes," but he or she knows it will be time to leave soon. Pre-established signals also can be used, "When I hold up five fingers, that means we'll have to leave in five minutes."

5

Control of Behavior Through Consequences

Reinforcement occurs after a behavior and results in the recurrence of that behavior. Positive reinforcement usually brings about the best results and can take the form of such daily social reinforcers as verbal praise, a smile, or a touch. Material reinforcements can also be used, like tokens, stars, stickers, or candy.

Punishment occurs after a behavior and results in a decrease of the target behavior. Punishment does not provide a new acceptable behavior to replace the "old" undesirable behavior. For example, a parent spanks his four-year-old son because he wrote on the wall with a crayon. The boy may not write on the wall again soon, but because no alternative behavior has been given, he may write on the wall again in a few days when he has forgotten the spanking.

A time-out period for the child is also a form of punishment. A time-out is commonly thought of as "isolation," during which time the child is off alone and has no opportunity to gain reinforcement.

Extinction, according to Wagonseller, is described as follows: "Extinction occurs when a behavior is no longer followed by a reward. An example would be a child who continually interrupts his mother when she is talking on the telephone. If the parent has answered the child after several interruptions, he or she is occasionally rewarding the behavior of interrupting. He or she could use extinction to stop this behavior by ignoring all interruptions. The child must learn that there is no longer a "pay-off" for unwanted behavior."

Suggested Activity 1

The professional presenter should:

- Distribute the handout, "Identifying Behaviors" (13-2).
- Read through each situation, and ask participants to complete the blanks, identifying each child's behavior and its consequence.
- When each consequence is identified, note if it reinforced or punished the behavior.
- Discuss whether participants felt the parents' goal was achieved.
- End the activity with the thought that parents need to evaluate the way they react to their child's behavior and need to determine if their consequences are effective. Behavior modification changes not only your child's behavior but also your behavior.

ROLE OF CONSISTENCY IN BEHAVIOR MODIFICATION

A parent may think, "Why do I need some fancy system to discipline my child?" The answer is consistency. Consistency is the "key to success"--no matter what kind of discipline a parent enforces. All parents can think of times when the rule of consistency has been broken in their attempts to discipline their children. Consider this example:

> Mother always sends Johnny to his room for 10 minutes when he hits his younger brother, David. Mother, Johnny, and David are riding the city bus when Johnny hits David. Mother admonishes Johnny by saying, "When we get home, you'll go straight to your room." When they get home several hours later, Mother is concerned about preparing supper and she forgets to send Johnny to his room. He does not remind her.

The point is, sometimes parents can't be as consistent as they would like to be.

Smith and Smith (1979) offer these arguments in support of consistency. A behavior is strengthened when it gets the expected result and weakened when the expected result does not occur. Because children expect a response from their parents, the parent is in a position to strengthen or weaken the child's behavior. Through consistency, the parent can "stabilize an important part of her child's emotional life."

Smith and Smith (1979) define consistency as "the absolute predictability of a parent's behavior." To the child it means,"*Everytime* I hit my sister, I will have to go straight to my room." Or,"*Everytime* I eat all of my dinner, I will get a little treat for dessert."

Even adults have a need for consistency. For example, a mother has several errands to do and is out driving around, making several stops here and there. Nothing seems to go as planned--freeway construction slows down traffic and, makes her late; one store is out of what she needs; the dry cleaner loses her husband's gray slacks, and so on. She becomes upset, nervous, and uncertain about what will happen next. She begins to proceed with a great deal of caution.

For children, too, their environment needs to be predictable. The parents' authority may be somewhat threatening to a child. However, if the parent is consistent with the child, this authority becomes a source of comfort. The child does not waste time and energy trying to figure out how the parent will react and so the child feels safe. He or she is free to investigate and to learn about the environment.

"No, No, a thousand times NO!!"

DEFINING BEHAVIOR

When starting a behavior modification program, one's first step is to state the behavior to be changed clearly and objectively. When the behavior is clearly specified and observable, it is possible to determine if a goal has been achieved. If the behavior is vague or all-encompassing, it is difficult to determine if change has occurred.

Suggested Activity 2

The professional presenter should:

- Write the following statement on the chalkboard: "Child will be independent."
- Tell participants that this is a reasonable, if not noble, goal for a child, but that the desired behavior is not stated specifically enough in the statement.
- Presenter should refer to "Possible Alternatives--Defining Behaviors" (13-3) to use in the discussion.
- Ask participants to generate a list of behaviors that would indicate that the child is "independent." Write them on the chalkboard.
- Continue the activity with some of the following statements:

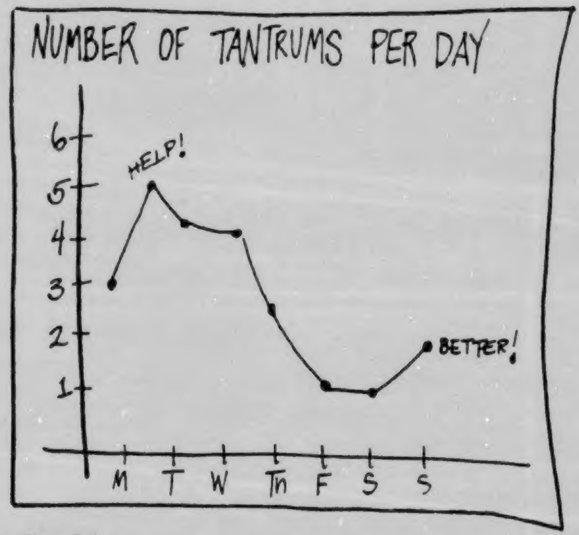
    Child will cooperate.
    Child will listen.
    Child will be polite.

- Now ask participants to take out the handout, "Defining Behavior," which they completed during the introductory activity, where they listed some specific behaviors they'd like to change.
- Write on the chalkboard, the heading, "Behavior," and ask for volunteers to share a behavior they wrote down as their Number One priority. List four or five different behaviors.
- With input from the group, try to determine whether the behaviors listed are vague or specific. If a behavior is vague, invite participants to offer suggestions as to how they would describe it more specifically. Erase the original vague suggestion and rewrite it more specifically. Is this a behavior they want to increase or decrease?
- Tell participants that the next step after defining the behavior is to decide how to measure it. Write the heading "Observation" on the chalkboard.
- Tell participants although some behaviors can be measured in more than one way, when initially learning behavior-modification techniques, it is best to begin with one specific behavior measured in one specific way. Some ways to observe behavior are (1) Count how often the behavior occurs, and (2) Time how long the behavior continues.
- Invite the participants to determine which method of observation would be appropriate for each. Write the method under the heading "Observation" and next to each of the four or five behaviors already on the chalkboard. Encourage participants to write their own method of observation for each listed behavior on their handout.

- Write a third heading on the chalkboard, "Time and Place." Tell participants it is also important to state where and when you want the behavior change to occur.
- Ask for volunteers to suggest where and when each of the four or five behaviors listed on the board will occur. Write these times and locations under the "Time and Place" heading. Encourage participants to write time and place for each of their listed behaviors on the handout.
- End the activity by reading from the chalkboard each specific behavior, how it will be measured, and the time and place it will occur. Do this for each of the four or five behaviors listed.

BASELINE DATA

Once someone identifies a behavior to change, before the change can be implemented, it must be known how often the behavior occurs, how extreme it is, when it occurs, and how long it continues. Knowing that behavior can be measured is important, and now a "baseline" of target behavior must be established. The baseline is the count of how often the behaviors occur under the present conditions. The baseline will help someone realize or determine how much of a problem the behavior really is, and will also give that person information about the success of the new discipline program.



Suggested Activity 3

The professional presenter should:

- Tell participants you are going to pass out a paper that will help them chart or keep track of the dates needed to implement a behavior-modification system.
- Pass out handout, "Charting Behavior" (13-4).
- Explain that after the participant has decided on a target behavior, the method of observation, and the time and places to record, he or she should use this handout to record what happens.
- End the activity with the thought that by charting baseline data, much information can be gathered about the child's behavior and the parent's method of dealing with it.
- Advise parents to bring this handout next week.

DISCIPLINE AND PARENTING

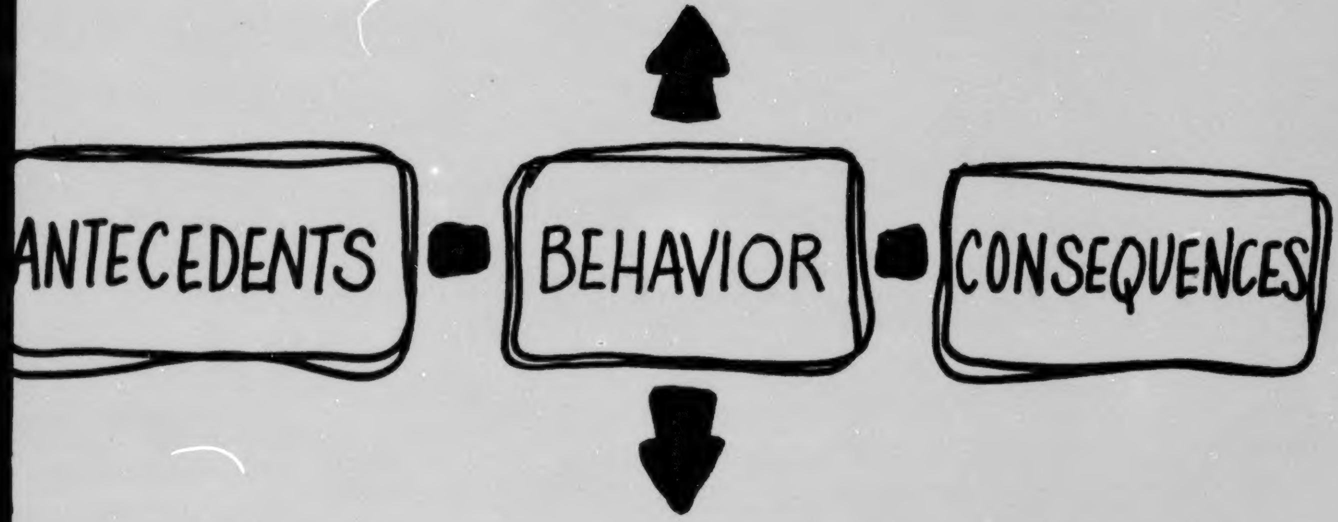
One's own "parenting" and "discipline" will affect his or her child's self-esteem. There are three major conditions that need to be present in the child's environment to ensure healthy emotional growth of the child. Parents must be aware of these conditions when implementing a discipline program of any kind.

1. *Acceptance* is a Number One condition of a behavior-modification program. In an attempt to cope with undesirable, negative behavior, a parent may tend to withdraw love temporarily, and in so doing, unwittingly, teaches the child that parental love is a reward and not a constant factor. Handicapped as well as nonhandicapped children need to experience unconditional love, regardless of the "goodness" or "badness" of their behavior. Parents must learn to accept their children the way they are.

2. *Structure* must also be provided. The child must be able to identify his or her boundaries. When children are provided some structure in their environment, such as a daily routine, they become more confident. Predictability in the child's environment--such as dinner always at 6:30 p.m. and bedtime always at 8:30 p.m.--has been discussed by Smith and Smith (1979) as an important component in the development of self-confidence in the child.

3. Establishing *rapport* with the child is necessary before implementing any discipline system. Rapport is defined as a mutual "liking and respect," an agreement, or a sympathetic relationship. Dodson (1977) describes it as the "emotional foundation of all discipline." This loving relationship between an adult and child begins during infancy when the parent cares for the child. It is important as the child grows older that parents continue to build this rapport by spending good quality time with their child. This time can include reading to the child, playing games with the child, or just listening to the child talk about something that happened that day.

BEHAVIOR MODIFICATION PRINCIPLES


ANTECEDENTS
BEHAVIOR
CONSEQUENCES

IDENTIFYING BEHAVIOR

Directions: Read about each situation below, then complete the blanks, identifying each child's behavior and the consequence of that behavior.

1. Andrew is four years old. His father takes him grocery shopping, and Andrew sees a package of gum and whines, "Let me have some, let me have some." His father says, "No." Andrew fusses and whines some more. His father finally says, "You're acting awful! You can have it just this once."

Child's behavior	
Consequence	

How could Andrew's father have structured the environment?

2. Mary is two and a half years old and her brother Jeff is four years old. The phone rings and their mother answers it. After she has been talking about two or three minutes, Mary and Jeff begin fighting and yelling. Their mother yells, "Stop that right now!" The children stop briefly, but in another two minutes they are fighting and yelling at full volume again.

Children's behavior	
Consequence	

How could Mary and Jeff's mother have structured the environment?

3. Gary is a four-year-old, physically handicapped child. He tantrums by hitting his head on the floor when his father refuses to carry him into the kitchen. Gary's father continues to set the table. Gary's tantrum subsides, and he uses his walker to get to the kitchen.

Child's behavior	
Consequence	

How could Gary's father have structured the environment?

4. Alice is a three-year-old. Her mother tells her it is time to clean up her toys. She swears at her mother and yells, " You can't make me." Mother restates, "It's time to pick up your toys." Alice fusses and begins picking up toys.

Child's behavior	
Consequence	

How could Alice's mother have structured the environment?

POSSIBLE ALTERNATIVES--DEFINING BEHAVIORS

(for presenter's use only)

Child will be independent:

- Selects clothes without adult assistance.
- Eats food on his plate without assistance.
- Dials a phone number to call a friend.
- Puts on own shoes without help.
- Goes to bathroom alone.
- Puts on clothes without assistance.

Child will cooperate:

- Uses normal speaking voice when requesting toy.
- Negotiates a trade of toys.
- Do what friend requests sometimes.

Child will be polite:

- Says please and thank-you. Answers promptly.
- Uses normal speaking voice.
- Responds to "hello".

CHARTING BEHAVIOR

Target behavior (behavior to be changed): ____________________

____

Method of observation: ☐ Count how often ☐ Time how long

Time and place: ____________________

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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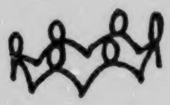
Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Tell participants something about your handicapped child--his or her name, age, type of handicapping condition, and so on.
- Share with the group some of the frustrations you've experienced with your child's behavior.
- Talk about the behaviors that he or she exhibited that you wanted to change.
- Describe how you modified one or more of your child's undesirable behaviors using a behavior-modification system.
- Tell how successful you were in collecting baseline data on your child's behavior.
- Discuss whether collecting baseline data helped you in an overall behavior modification program.

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed in the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to refer to two handouts, "Defining Behavior" (introductory activity) and "Charting Behavior" (13-4).
- Ask participants to share specific behaviors that they are concerned with in their child. Encourage group to agree on one behavior that bothers all of them.
- Ask group for suggestions.
- Discuss what behavior change is realistic, considering child's age-level or handicapping condition.
- Refer to the handout, "Charting Behavior" (13-4). Discuss the ways that participants intend to chart the behavior.
- Discuss the conditions in the environment that need to be present for the child to change behavior.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Parent Summary Sheet

BEHAVIOR MODIFICATION

Behavior modification is based on the concept that behavior is learned. Children learn both desirable and undesirable behaviors from others (parents, brothers, sisters, and peers), and these behaviors are reinforced through the child's interactions with these others. Handicapped children seem to require more structure and external control than those who are not handicapped.

DEFINITIONS

1. *Behavior modification* involves a change in behavior.
2. *Reinforcement* involves events that occur after a behavior that encourage that behavior.
3. *Punishment* is a negative experience or penalty imposed as a result of an undesirable behavior.
4. *Extinction* occurs when a behavior is no longer followed by a reward; it results in the elimination of that behavior.
5. *Consistency* on the part of a parent involves allowing the child an opportunity to explore while providing structure for the child.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TANTRUMS	III	I	IIII	III	I
SCREAMING	卌	II	II	I	

In order to change a behavior, one must be able to see the behavior and count how many times it occurs.

IMPORTANT CONDITIONS IN A CHILD'S ENVIRONMENT

Three conditions that need to be present in the child's environment to insure healthy emotional growth are:

1. *Acceptance*--child should have the unconditional love of parents.

2. *Structure*-- child should be able to identify his or her boundaries; predictability of parents is important.

3. *Rapport*--child should develop rapport with parents.

STEPS TO BRING ABOUT CHANGE

1. Choose a behavior to change; pare it down; make it specific and achievable.

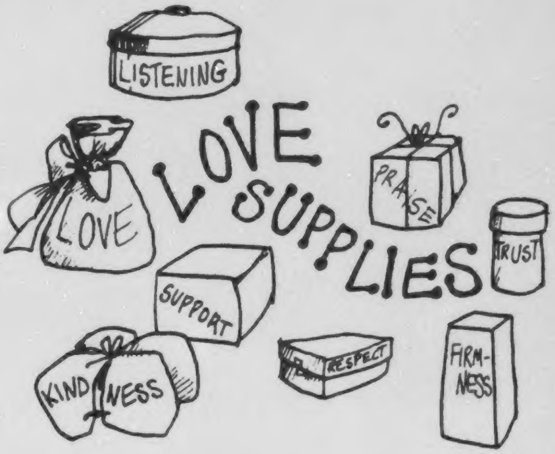
2. Choose the most appropriate system to effect a change in the behavior (increase/decrease/eliminate).

3. Explain the system to the child and to other family members.

4. Prepare yourself and others for the new subsequent behavior and new environment.

5. Remember:

    -Be consistent.
    -Emphasize positive behaviors.
    -Make sure rewards are rewarding to the child.



SUGGESTED READINGS

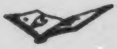
Dodson, Fitzhugh. *How to Discipline--With Love.* New York: New American Library, 1978.
Practical, flexible strategies for teaching children desirable behavior from birth to age 21.

Smith, Judith, and Donald Smith. *Child Management: A Program for Parents and Teachers.* Champaign, IL: Research Press, 1976.
Techniques for handling problems of child management.

Wagonseller, Bill, et al. *The Art of Parenting (Behavior Management Techniques: Methods; Behavior Mangement Techniques: Motivation; Behavior Management Techniques: Discipline).* Champaign, IL: Research Press, 1976.
Brief, easy-to-absorb lessons, with exercises to test reader comprehension and ability.

Bibliography

Books



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McBeath, Marcia. *Little Changes Mean a Lot.* New York: Prentice-Hall, 1979.

Patterson, Gerald. *Families: Applications of Social Learning to Family Life.* Champaign, IL: Research Press, 1975.

Pear, Joseph, and Gary Martin. *Behavior Modification: What Is It and How to Do It.* New York: Prentice-Hall, 1978.

Sheppard, William. *Teaching Social Behavior to Young Children.* Champaign, IL: Research Press, 1973.

Smith, Judith, and Donald Smith. *Child Management: A Program for Parents and Teachers.* Champaign, IL: Research Press, 1976.

Wagonseller, Bill, et al. *The Art of Parenting (Behavior Management Techniques: Methods; Behavior Management Techniques: Motivation; Behavior Management Techniques: Discipline).* Champaign, IL: Research Press, 1976.

Audiovisual Materials

The Art of Parenting. Research Press. Filmstrip, color, audiocassette.
Provides strategies designed to eliminate undesireable behavior in children by the use of positive behavioral methods.

Parents and Children: Behavioral Principles for Parents. Research Press. 16 mm film, 20 minutes.
Demonstrates the teaching of children through proper use of rewards. Teaches parents how to increase positive interaction with their children and how to help a child behave more appropriately.

Tightrope. Footsteps Series, University Park Press, International Publishers in Science, Medicine and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, 20 minutes.
Shows the need for setting limits with children but also for allowing them freedom to explore.

Who's In Control?: Applying the Skills of Behavior Management II (Techniques)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To become aware of methods of behavior control that participants currently use.	337	10 minutes
Professional Presentation	To understand different behavior-modification techniques and how to use them. To learn the definitions of behavior-modification terms.	339	40 minutes
Parent Presentation	To present a realistic behavior-modification program for a handicapped child.	353	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To apply behavior-modification skills to problem behaviors.	354	40 minutes

Overview

Behavior modification is an important component of an overall discipline program. Parents must have an understanding of how to observe and specify behavior in order to determine what environmental factors are operating. By altering the antecedents or consequences of a child's behavior, significant change can occur.

Extensive research has demonstrated the effectives of particular techniques of behavior change. Techniques to increase desirable behavior include social and nonsocial reinforcement. Techniques to decrease undesirable behavior include punishment, time-out, and extinction. When these techniques are used correctly, the result is a predictable environment that encourages the child's independence and skill development. In a predictable environment, the child has the security of knowing what the consequences of his or her behavior will be. The child knows which behaviors will be rewarded and which will not. As parents learn to focus on the development of positive behaviors in positive ways, the clear result is an accepting and trusting relationship with their child.

Introductory Activity

The professional presenter should:

- Ask participants to complete the handout, "Behavior Control."
- Allow five minutes to complete handout.
- At the end of the time period, ask participants to volunteer what they have listed in each of the categories.
- Allow five minutes for discussion.
- At the end of the activity, tell participants that effective techniques for behavior control will be addressed later, including a discussion about ways to use events that children like or dislike.

BEHAVIOR CONTROL

The most effective way I control my child's behavior is:	The least effective way I control my child's behavior is:
The method of behavior control that my child likes least is:	The method of behavior control that my child likes most is:

322

9

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

REVIEW OF BEHAVIOR MODIFICATION THEORY

Behavior modification is a general term for a number of techniques based on the principles of learning. The techniques are effective in changing the behavior of others (or oneself) in some observable and predictable way. Behavior modification is a continuous process and consistency is a must. It is much easier to change a child's behavior when he or she is young rather than waiting until later when the child becomes set in his or her ways.

Before behavior-modification techniques can be applied, certain conditions must be present and certain guidelines established. Children must know that they are loved, regardless of the "goodness" or "badness" of their behavior. Structure must also be provided, so children know what their boundaries are. It is also important to establish rapport before starting a behavior-modification plan. When children have a loving relationship with parents, they know they are cared about even when being disciplined.

The following steps are suggested when establishing a program for changing a child's behavior. Parents should:

1. Choose a behavior to change. Make it specific and observable. Record baseline data.

2. Choose an appropriate system to effect behavior change to increase, decrease, or eliminate behavior.

3. Explain the system to the child and other family members.

4. Remember to:

    -Be consistent.
    -Emphasize positive behaviors.
    -Make sure rewards are rewarding to the child.

In the previous module, the areas of specifying behavior and collecting baseline data were addressed. In this module, the areas of choosing and implementing appropriate systems for behavior changes will be discussed.

BEHAVIOR-MODIFICATION SYSTEMS

Behavior-modification systems can be divided into those that aim to *increase* a desirable behavior and those that aim to *decrease* an undesirable behavior.

Increase Desirable Behavior

Systems to increase desirable behavior are grouped into the general category of *reinforcement.* More specifically, reinforcement can be *social* (verbal praise, physical contacts and gestures) and *nonsocial* (token system and contracts).

Suggested Activity 1

The professional presenter should:

- Write the following headings on the chalkboard: "Verbal approval and praise," "Nonverbal approval," "Physical contact," "Activities and privileges," and "Material objects."
- Tell participants that these are general areas of possible reinforcement.
- Presenter: Refer to "Reinforcement Menu" (14-1) for discussion ideas.
- Ask participants to brainstorm specific items that would fit into each category.
- Discuss the point that when a person uses verbal approval, it is most effective to include a description of the behavior being praised: "Terrific, you're picking up your toys."
- Point out that the type of reinforcer chosen must be related to the developmental or functional level of the child.
- End the activity by noting that any of the items listed are reinforcers only if they have the effect of increasing the child's behavior.

REPORT CARD
NEATNESS ★★
CONSIDERATION ★★★
HONESTY ★★★★
RESPECT ★★
LOVE ★★★★★★★
SHARING ★★

Social Reinforcement

If a parent wants his or her child to behave well, the parent should reward the child for good behavior with approval, praise, and privileges. Listed below are some rules to guide parents in the use of social reinforcements*:

1. When initially using positive reinforcers, it is all-important to reward the desired behavior *immediately* after it occurs. Parents should not wait too long before they show their appreciation for their child's good behavior, because the greater the delay between behavior and reward, the longer it will take the child to learn the new behavior.

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*Adapted from material in Wagonseller, Bill, et al. *The Art of Parenting (Behavior Management Techniques: Techniques).* Champaign, IL: Research Press, 1976.

2. Parents should make certain that the child knows what he or she is being rewarded for. For example, a parent might say, "Sarah, you finished all your homework so you may have an ice cream cone." Parents can use praising statements but should avoid being vague. A parent could say, "Great job on your bedmaking!" instead of "Good job today!" If parents are trying to encourage bedmaking, the child must know that the parent has rewarded him or her specifically for that task.

3. At the beginning, parents should reward frequently. They should reward the new desirable behavior as frequently as it occurs. Once the child shows a consistent behavior change, parents can inform him or her that they intend to reward only occasionally. Parents should be sure to continue with the social reinforcer so that the child will know that they're still noticing the desired behavior.

4. Parents must be consistent. The child should know that a reward will follow his or her good behavior.

5. Parents should observe the child's behavior often to determine if the reinforcement being used is indeed a positive pay-off for the child.

6. It is important to remember to vary the reward. Parents may even allow the child to choose his or her own reward. With social reinforcers, a parent may begin to sound artificial if he or she continually uses the same praising statement, "Good working, John!"

7. Parents should not "hold out" on rewards. They should be generous and make sure that the child feels that the reward is adequate.

Nonsocial Reinforcement

Tokens refer to such objects as stars, beads, blocks, and checkmarks, which a child can earn immediately for doing a good job.* Later, these tokens can be redeemed for such rewards as going to Disneyland, going swimming, or having a friend over. The type of tokens and the final rewards are entirely up to parent and child.

For adults, money is a token system. Adults work at a job to earn money. When they have accumulated enough money, they go and buy what they need. A token system should work the same for a child.

Listed below are a few tips for parents to make a behavior-modification token system successful*:

1. Make sure that the number of tokens fits the size of the job; that is, waxing the floor should be worth more than making the bed, because it is harder to do. There is no standard for how often rewards are given or how many tokens are earned. The amount of reinforcement depends on how old the child is and what behavior is being changed. It is a good idea to allow the child to be a part of this decision-making process.

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*Adapted from material in Wagonseller, Bill, et al. *The Art of Parenting (Behavior Management Techniques: Method)*. Champaign, IL: Research Press, 1976.

2. Be a big spender and don't be stingy with tokens. If reinforcement is withheld the child will not learn.

3. Vary rewards so the child won't become satiated. Offer the child the opportunity to choose his or her own rewards. These rewards should be set up ahead of time.

4. Set reasonable, achievable goals. If initial tasks are too large, the child may become frustrated and give up entirely.

5. Praise the child for his or her accomplishment (the new behavior), not the number of tokens earned.

6. Make the child a part of setting up the system so it will be more meaningful to him or her.

7. Encourage the child to use the tokens accumulated to buy rewards often. If the child attempts to save the tokens indefinitely, they may lose their value for him or her.

8. Be wary of "fining for misbehavior." It is better to "not reward" than to take away tokens already earned or acquired.

The child can learn many things from a token system. He or she not only experience a change in behavior but learns to save, invest, and to do simple arithmetic. Eventually, the changed behavior is reward enough and tokens can be slowly phased out.

Contracts can be another way of organizing a plan for behavior change. A contract is an agreement between the parent and child in which each person commits to what he or she will do. Contracts can be for one behavior or organized to include several behaviors.

Suggested Activity 2

The professional presenter should:

- Tell parents that several types of contracts will be distributed.
- Pass out handouts, "Bear With It" (14-2) and "Together We Can Do It!" (14-3). Explain that these are examples of contracts that may be used for a single behavior. Note that the child agrees to work on a behavior as well as the parent.
- Distribute handout, "Sample Contact" (14-4). Explain that this contract may be used for several behaviors, with a reward based on the completion of a predetermined number of behaviors.
- Ask participants to look over contracts and think about how they would use them to change behavior(s) in their children.
- Allow five minutes to look over contracts.
- Initiate a discussion about ways to implement the forms of nonsocial reinforcement that involve tokens and contracts. (Draw on the noted material that follows for discussion ideas.)

NOTE: Accentuate the positive. Reinforce desirable behaviors that are incompatible with unacceptable behaviors. This approach encourages the development of positive behaviors, rather than focusing on punishing undesirable behaviors.

For example, a mother wishes that her two children would play together without fighting. She sets up a reinforcement schedule for rewarding her children when they've been playing nicely.

Target behavior:	Two children play nicely together.
Children's names:	Angie and Paul.
Reinforcement:	One star given for every 30-minute interval during which the children play without fighting. (Children initially enjoy accumulating stars. Later they may want to turn the stars in for another reward.)
Reward:	Angie--Five stars yield a new doll dress. Paul--Five stars yield a matchbox truck.

In this example, the mother reinforced the "cooperative" play of her children. Cooperative play is incompatible with fighting while playing.

- Ask participants to volunteer ideas on how they would use the tokens and contracts with their children.
- End the activity by emphasizing that an effective behavior-modification plan to increase desirable behavior includes a balanced system of social and nonsocial reinforcements, or rewards.

Decrease Undesirable Behavior

Systems that attempt to decrease an undesirable behavior usually fall into the categories of *extinction* and *punishment* (including *time-out*).

Extinction

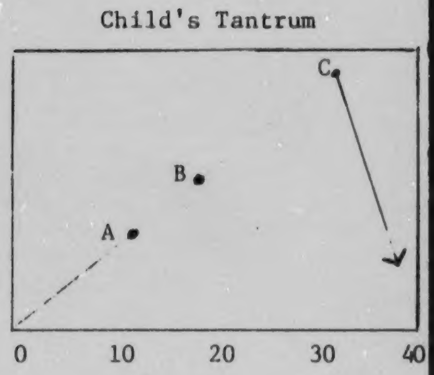
Extinction occurs when a behavior is no longer followed by a reward. For example: A baby in a high chair keeps dropping keys on the floor. As soon as the mother picks them up and returns them to the child, he or she drops them again. This behavior could go on all day, because the mother is reinforcing (rewarding) the baby's behavior by returning the keys. If mother interrupts the reward, and does not pick up the keys, the baby will be less likely to drop the key again.

If mother ignores the child, however, she may have to endure a long and loud temper tantrum, because the child is not getting the predicted response from the mother. It is extremely important to note at this time that the mother *must* continue to ignore the child throughout the duration of the tantrum or the extinction will be ineffective. The following chart will demonstrate the principle of extinction.

Point A--If the mother gives in and returns the toy at this point, the child will learn that he or she can cry for about 10 minutes and then mom will give in.

Point B--If the mother gives in at this point, the child will learn to cry a little louder and 10 minutes longer.

Point C--At this point, the child is in the midst of a full-force tantrum and is crying, screaming, and kicking. What will happen if the mother gives in now?



If the parent does not respond to tantrums, eventually the child will learn that such behavior won't work and tantrums will not occur. Parents need to understand that the tantrums will get worse before they get better. They should continue to ignore the tantrums--but to be prepared--it won't be easy.

Punishment

Punishment is an event that occurs following a behavior that decreases the rate of that behavior. Spanking, scolding, or yelling are thought of an punishing. Indeed they are, if they decrease the child's behavior. One of the side effects of punish however--particularly scolding, spanking, and demeaning--is that the punisher is associated with the negative experience. Over time and through extended experience the punisher will be avoided. An alternative form of punishment demonstrated to be effective is *time-out*.

Time-out

A time-out should be used when the child's behavior cannot be ignored or when others give attention to him or her when he or she is misbehaving. This form of punishment is similar to sending a child to his or her room for misbehaving.

For a time-out system to work, the system is explained to the child in advance. For example, a mother might say, "Kelly, you really have been playing nicely lately. But, there's one thing that bothers me. Whenever I tell you to put your toys away, you start to cry. You're a big girl now, and I think that you can learn to put your toys away like a big girl without crying. I will help you. This is what we'll do . . ."

The child must know exactly what behavior results in a time-out, where a time-out will occur, how long a time-out will last, and what he or she may do during a time-out. For example:

Mom: "Kelly, it's time for lunch. Please put your toys away."
Kelly: "No, I want to play." (She starts crying).
Mom: "OK, Kelly, time-out." (She puts Kelly in the bathroom).
Mom: "You have three minutes in here. When you hear the buzzer, you can come out." (She closes the door).

It is very important the child knows what acceptable behavior will replace the old unacceptable behavior. In our example, it needs to be made clear to Kelly that she is to put her toys away quietly, without protest or crying, at her mother's request. Kelly must be highly praised and rewarded every time she complies. This response will increase the desired behavior. It is also important the child knows the consequences of noncompliance with parents' rules. This knowledge will avoid confusion at the time of misbehavior.

There are other tips for using a time-out system. The time-out place should be perceived as being very dull (no toys) and completely nonreinforcing. No other persons should be around. Also, if the child is talking or noisy when the time-out buzzer goes off, the parent should reset it for another minute. If the child makes a mess in the time-out room, he or she must clean it up himself before returning to play. Parents should be consistent--the child will test them. Other family members must participate, too, for an effective time-out program.

Suggested Activity 3

The professional presenter should:

- Obtain film, *Child Behavior--You,* a 15-minute film that explores a parent's attempt to modify child behavior.
- Have film set up and ready to go.
- Tell participants that this film will further clarify the different behavior-modification systems.
- Show film.
- End the activity with the thought that it is very important to keep the behavior in mind when choosing a behavior-modification system, because each behavior may require a different approach.

Suggested Activity 4

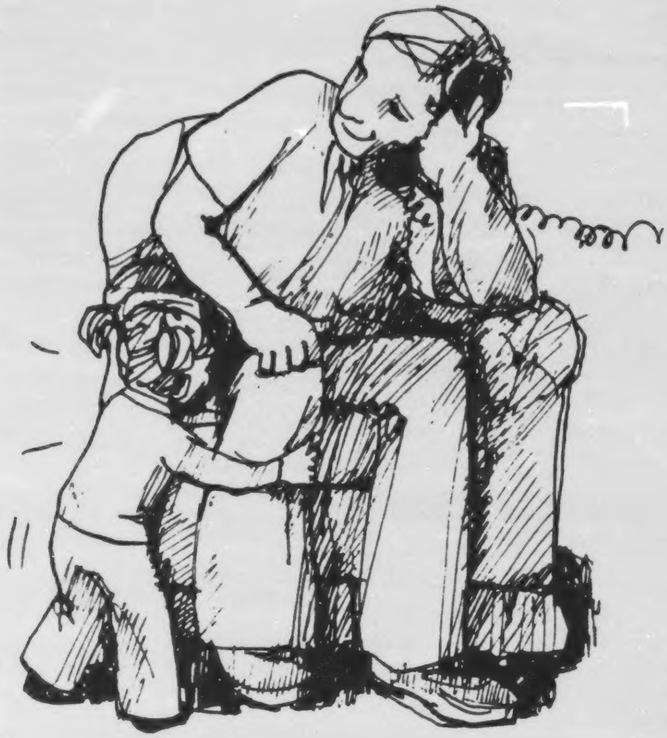
The professional presenter should:

- Make the transition from the film to the handout, "Defining Behavior," used in the introductory activity of the last session. (Module 13--"Accentuate the Positive: Understanding Behavior Management I).
- Ask participants to recall the behavior, the method of observation, and the charting results.
- Pass out handout, "Techniques for Changing Behavior" (14-5).
- Tell participants to note the new column (Techniques for Change) to record the type of behavior modification to use with a particular behavior.
- Note that each behavior might require a different system.
- Allow five minutes for participants to decide which system to use for each behavior.
- Ask volunteers to share the behavior they will work on during the week and the behavior-modification system they think will work best.
- Write these categories on the chalkboard: "Behavior," "Observation," "Time and Place," "Techniques for Change."
- Record the information from volunteers on the chalkboard.
- Discuss the behavior-modification system chosen for each behavior.
- End the activity by reading across the chalkboard all the information to make a complete behavior-modification statement.

WRAP-UP

In this discussion, behaviors have been identified that need to change--either increase or decrease. Also discussed was the need for discipline in child-rearing and the role of parental consistency. Finally, some systems have been reviewed that will bring about behavior change in others. At this point, it is important to mention that there are two common problems that often arise as a result in using behavior-modification systems. First, a behavior change that results in a new environment may require the whole family to make adjustments. For example, before his mother used a time-out system with Greg, he usually spent one to two hours a day having temper tantrums. Now he has replaced his undesirable tantrums with agreeable behavior and everyone is happier--sort of. With an extra two hours a day to fill, Greg can't always find something to do. His mother needs to help him think of things to occupy himself with. She must be patient, although she's busy cleaning house, fixing meals, and caring for the other kids, too. His two sisters are not accustomed to sharing the TV with him. He used to spend more time in his room, so there was also more space on the couch for his sisters to stretch-out. In some ways, it is harder for the family to adjust to Greg when he behaves well. It takes conscious effort. Parents must try to anticipate these changes in the environment and prepare for them as well as is possible.

Second, a problem may arise when using positive reinforcement and token systems with only one child. It is easy to shower praise and reward upon the problem child at the expense of the other family members, although this is usually unintentional. If a "fun, new system" with stars and charts is used with only one child, other children may feel left out. It's a good idea to use the same reward system with all children, varying the target behaviors and rewards according to the individual child.



REINFORCEMENT MENU*

(for presenter's use only)

Many parents and teachers have found that the items listed in the following categories are effective positive reinforcers:

Verbal Approval and Praise

"That's right."
"Good."
"Great."
"Correct."
"Excellent."
"Good thinking."
"Groovy."
"Perfect."
"Wow."
"Fanstastic."
"I like that."
"You're a hard worker."
"You're getting better."
"I like the way you're sharing."
"You did a good job."

Nonverbal Approval

Smiling
Nodding
Clapping hands
Grinning
Laughing
Looking interested
Leaning forward
Winking
Wrinkling nose

Physical Contact

Hugging
Touching
Patting
Holding
Shaking hands
Sitting on lap

Activities and Privileges

Going to the playground
Playing with a new toy
Working on an art project
Going on a field trip
Feeding animals
Helping with something special
Passing out objects
Selecting a story to be read
Engaging in an activity of own choice

Material Objects

Toys
Trinkets
Books
Snacks
Art materials
Games

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*Adapted from Sheppard, William C. *Teaching Social Behavior to Young Children.* Champaign, IL: Research Press, 1973.

Bear with it...

you can do it...

I will try to ______________________________

____

____

CHILD'S signature

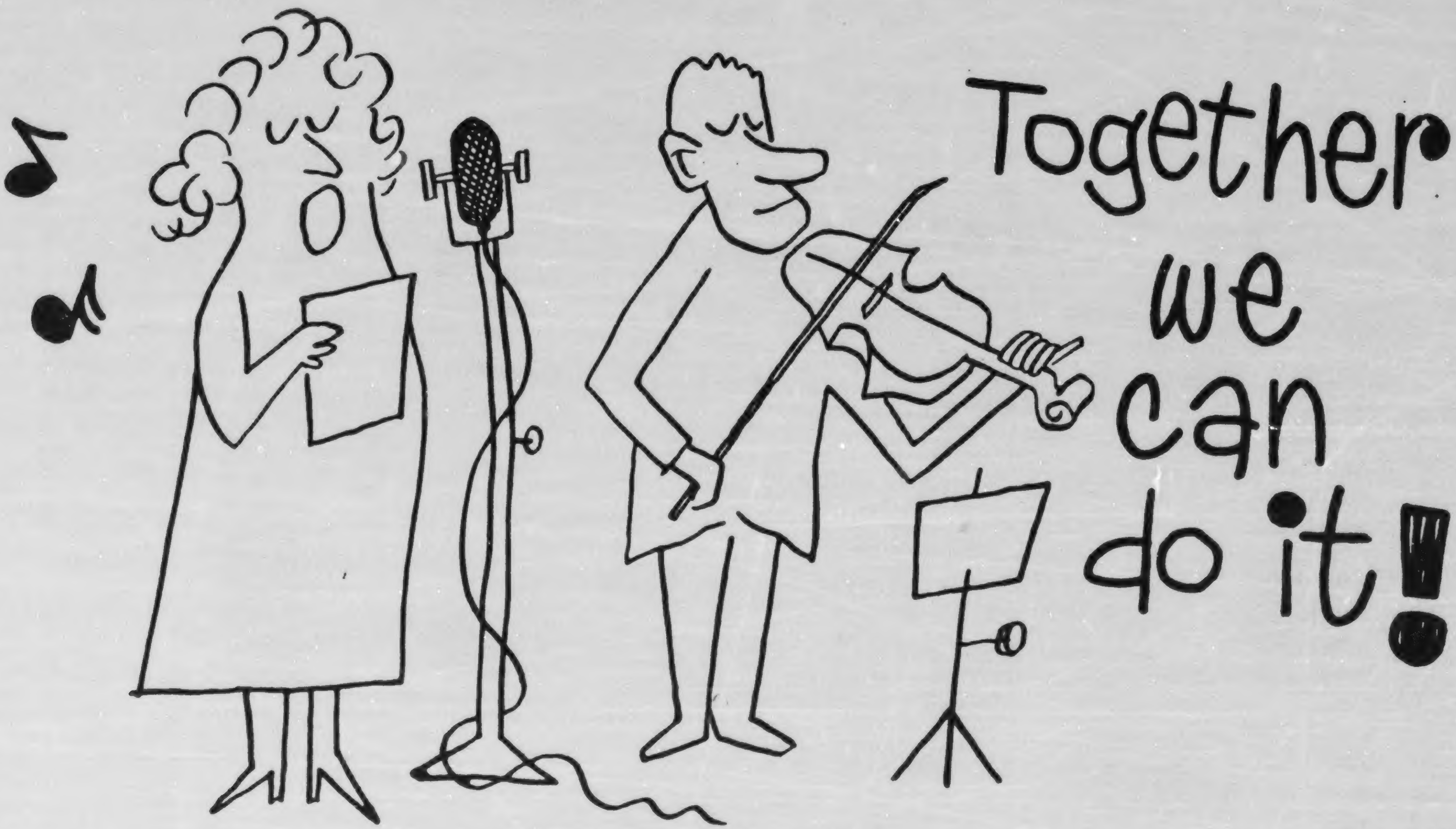
I will try to ______________________________

____

____

signature

Supt. of Schools, Dept. of Educ.
San Diego County 8-74


Together we can do it!

I, ________________________________,

will try to do the

following ______________________.

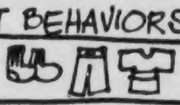
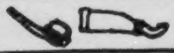
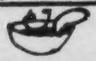
I, __________________________, will help by _______________

______________________. We'll check it all out on

______________.

SAMPLE CONTRACT

CHILD's NAME ______________________.
DATE ____________________.

TARGET BEHAVIORS	M	T	W	Th	F
DRESS MYSELF 	☺	☺	☺		☺
BRUSH MY TEETH 	☺		☺	☺	☺
USE A SPOON TO EAT MY CEREAL 	☺	☺	☺	☺	☺

FOUR ☺ in each row = Dad will take me to the park.
FIVE ☺ in each row = Bonus ice cream cone.

TECHNIQUES FOR CHANGING BEHAVIOR

Specific Behavior	Increase	Decrease	How to Observe	Time and Place to Observe	Techniques for Change

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Tell the group something about your child--his or her age, handicap, and functioning level.
- Describe some positive reinforcements that you have used successfully with your child.
- Explain how you have used the time-out system with your child: In what part of of the house is he or she given a time-out? How do you explain the time-out to the child? What do you use to let the child know the time-out is over?
- What is a specific problem behavior in your child that you would like to change or extinguish? Discuss possible reinforcers with participants.
- Explain how you started using these techniques and how you developed your behavior plan.

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by referring to the small-group discussion questions that follow this section.
- At the end of the time period, pass out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. What specific behavior-modification technique(s) did you choose for the behavior you charted last week?

2. What are some pros and cons of using social and nonsocial reinforcers?

3. What are some pros and cons of using extinction and punishment?

4. What are some ways in which the new behavior will change the home environment? What problems may arise? How could they be dealt with?

5. How will you explain the behavior-modification system to your child?

6. Read the handout, "Application of a Behavior-Modification Program" (14-6). How realistic is this program for a handicapped child? (Presenter should distribute above handout to participants and request them to read it before answering questions.)

APPLICATION OF A BEHAVIOR-MODIFICATION PROGRAM

Name:	Johnny Jones.
Chronological age:	Seven years.
Functioning level:	Four years.
Target behavior:	Sitting and rocking body back and forth.
Desired behavior:	To sit without body rocking.

Suggested Behavior Modification Program

1. Know child's functioning level, to begin with.

2. Baseline data: Gather these data by placing a mark on a simple chart each time Johnny rocks. Decide who will be doing the marking (mother, mother and father, or babysitter). Baseline data should be gathered daily, between 9 a.m. and 1 p.m. for a period of one week. At the end of the week, review data and set up behavior-modification program.

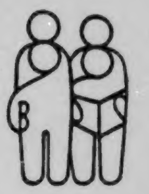
3. Experimental data: Use a hand counter (easiest way) to tally each rocking motion. Only the mother will use the counter to count each rock within a one-hour period from 9 a.m. to 10 a.m. daily. When Johnny rocks, his mother will record it on the counter; calmly go to Johnny; take him by the hand; assist him to the corner; and place him in a chair for a time-out period. Mother says to Johnny, "Sit without rocking, and when the bell rings you may come out."

Mother:	Sets timer for three minutes.
Johnny:	If Johnny sits quietly until bell rings, he may return to whereever he was before. However, if he rocks during initial three-minute stay, the timer is reset and he is reinstructed. He must remain in the corner until there is no rocking for a three-minute period.
Mother:	If Johnny sits at play or watches TV without rocking, reinforce him either socially ("Good, no rocking.") or nonsocially (by giving Johnny a piece of candy or pretzel as a consumable reward).
Mother:	At the end of the day, record the numbers on the counter on a graph. The purpose of the recording is to show any increases or decreases in Johnny's rocking behavior.
Mother:	Make graph to be used for a four-week period. Record total body rocks per day at the end of each day on the graph. The graph will depict an overall picture of the four-week increase/decrease of body rocking.

Summary

The data serve as a means by which the behavior modifier can look back at the end of the four-week study and have a complete overview of the program results. The experimental data graph provides the behavior modifier with the factual results that are needed to prove the effectiveness of the program.

Parent Summary Sheet



APPLYING BEHAVIOR MODIFICATION TECHNIQUES

Before behavior-modification techniques can be applied, certain conditions must be present and certain guidelines established. Children must know that they are loved, regardless of the "goodness" and "badness" of their behavior. Structure must also be provided, so children know what their boundaries are. It is also important to establish rapport before starting a behavior-modification plan. When children have a loving relationship with parents, they know they are cared about even when being disciplined.

The following steps are suggested when establishing a program for changing a child's behavior. Parents should:

1. Choose a behavior to change.
2. Choose an appropriate system to effect behavior change.
3. Explain the system to the child and other family members.
4. Remember to:
    - -Be consistent.
    - -Emphasize positive behaviors.
    - -Make sure rewards are rewarding to the child.

TEACHING A NEW BEHAVIOR

1. Specifically state the goal to the child and how you are going to help him or her achieve the goal.

2. Arrange the program in a logical sequence. Know the functioning level of your special child before attempting a behavior-modification program.

USING REWARDS

1. Reward behavior immediately after it happens.

2. Be specific about what you are rewarding.

3. Be consistent.

4. Reward frequently when child is learning a new behavior.

5. Have a variety of rewards.

6. Give rewards that are adequate to the task or behavior change.

POINTS TO REMEMBER

1. Negative behavior is learned. For example, mother and child are in a grocery store and child cries for candy bar. Mother tells child, "If you stop crying, you can have a candy bar." Child stops crying and gets candy bar. A negative behavior was rewarded.

2. The most effective motivation for learning and maintaining behavior is knowing that positive rather than negative consequences will result.

3. Behavior followed by reward will occur more frequently in the future:

    -Social rewards--hug, pat on back, verbal praise.
    -Nonsocial rewards--tangible thing or privilege, such as food, money, toy, or special activity.

SUGGESTED READINGS

Becker, Wesley. *Parents Are Teachers.* Champaign, IL: Research Press, 1971.
Demonstrates systematic use of consequences to teach children positive ways to become effective people.

Patterson, Gerald. *Families: Applications of Social Learning to Family Life.* Champaign, IL: Research Press, 1973.
Discusses how to handle everyday problems of family living.

Sloane, Howard N. *Because I Said So. Stop That Fighting. No More Whining. Dinner's Ready. Not Till Your Room's Clean.* Fountain Valley, CA: How-To Publications, 1978.
Short behavior guides for teaching children responsibility.

Bibliography

Books

Becker, Wesley. *Parents Are Teachers.* Champaign, IL: Research Press, 1971

Dodson, Fitzhugh. *How to Discipline--With Love.* New York: New American Library, 1978.

Krumboltz, John D., and Helen Krumboltz. *Changing Children's Behavior.* Englewood Cliffs, NJ: Prentice-Hall Inc., 1972.

Miller, William. *Systematic Parent Training: Procedures, Cases, and Issues.* Champaign, IL: Research Press, 1975.

Patterson, Gerald. *Families: Applications of Social Learning to Family Life.* Champaign, IL: Research Press, 1973.

Sheppard, William. *Teaching Social Behavior to Young Children.* Champaign, IL: Research Press, 1973.

Sloane, Howard N. *Because I Said So. Stop That Fighting. No More Whining. Dinner's Ready. Not Till Your Room's Clean* (Behavior Guides). Fountain Valley, CA: How-To Publications, 1978.

Smith, Judith M., and Donald E. Smith. *Child Management.* Champaign, IL: Research Press, 1976.

Sulzer-Azaroff, Beth. *Applying Behavior Analysis. Procedures with Children and Youth.* New York: Holt, Rinehart & Winston, 1977.

Wagonseller, Bill, et al. *The Art of Parenting (Behavior Management Techniques: Methods; Behavior Management Techniques: Motivation; Behavior Management Techniques: Discipline).* Champaign, IL: Research Press, 1976.

Audiovisual Materials

Child Behavior--You. Benchmark Films. 16 mm color, 15 minutes. Uses humorous animation to explore parent-child relationships, especially parent attempts to modify child behavior.

Discipline: The Long and Short of It: Spare the Rod. Footsteps Series, University Park Press, International Publishers in Science, Medicine and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, color. Discipline should meet both present and future needs of children. Children need help controlling their behavior.

Self-Esteem is Everyone's Business: Building Self-Esteem

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To understand the concept of self-esteem.	363	15 minutes
Professional Presentation	To understand the developmental theories of Erikson and Piaget, and the implications of these theories in building self-esteem in young children. To become aware of strategies in developing a child's self-esteem.	366	40 minutes
Parent Presentation	To understand the importance of the family in developing a child's self-esteem.	379	15 minutes
Questions and Answers			10 minutes
Small-Group Activity	To discuss parental responsibility in developing self-esteem in families.	380	40 minutes

Overview

Self-esteem refers to a person's opinion of himself or herself. (Am I happy with who I am? Am I happy with my identity?) High self-esteem is the key to full development. Persons who possess high self-esteem feel valued, loved, and capable. A person needs to feel valued simply because he or she exists. Also, that person must feel able to manage himself or herself, and the world, with competence. The important word here is *feel*.

Self-esteem is based on one's own opinions, not simply those of others. The most important thing to children is what they think their parents think of them. For this reason, parents must learn effective ways of communicating love and feelings of worth to their children.

The family setting offers opportunities in which to teach and practice ways of relating to others that promote self-esteem.

Introductory Activity

The professional presenter should:

- Tell participants that the terms "self-esteem" and "self-concept" will be used interchangably in the two exercises in the introductory activity.
- For the first exercise, ask participants to be thinking about how the people presented in the scenario below regard themselves.
- Tell participants they will answer some questions at the conclusion of the scenario.
- Read the following scenario:

Mom is driving home from her part-time job as an instructional aide. She's feeling ambivalent about her job. The family needs the money, and it's a relief to find she can still function in the adult world after six years at home with Janey, who is six, and Bobby who is five and multihandicapped. She enjoys her coworkers and feels she does a good job, but lately Bobby has been going through a bout of separation anxiety, and she's felt badly leaving him with the sitter. As she drives along, she's thinking that she can't wait to indulge both herself and Bobby in some "quality time" when she gets home. She's anxious to see Janey, too--in fact, it's often Janey she rushes home to enjoy,--but today her thoughts are with Bobby.

Mom greets both children warmly and asks them about their day. Janey has been coloring and indicates she is happy to continue. Mom tells Bobby to get a book and they'll sit down together and read it. When she finishes reading the book and goes to see what Janey is doing, she's surprised to find Janey has scribbled with her crayons all over the kitchen table where she has been working. "Janey!" she wails, "You are six years old and look at this! Get a dishcloth and wipe this up." Janey says she "can't" and Mom ends up sending her to her room for 10 minutes.

- Ask participants the following questions in an attempt to get a discussion going. (Some suggested answers are in parentheses.)

1. What are some things that make Mom feel good about herself as a person?

   (Mom feels good about her success at work; she can still function in the adult world; she has the friendship of her coworkers; she has pride in her financial contribution to the household.)

2. What things make Mom wonder if she is doing the right thing by working?

   (Mom is concerned about having to leave the kids with a sitter. It's only a part-time job, but when they complain as she leaves, she sometimes wishes she didn't have to go. Mom is also concerned about Janey's behavior; Mom drove home from work anxious to see them both, and now Janey is in her room in tears.)

3. Why is Janey upset?

(Bobby, the baby who can hardly do anything, gets Mom first. Not only that, she sends Janey to her room. Janey may have been curious to know if crayons would "work" on the table, or she may have been seeking negative attention. Her self-esteem hasn't been helped by, first, having to share Mom with Bobby and, second, being sent to her room when it appeared to be her turn for Mom's time.)

4. What could be done to end this scenario on a happier note? How could things have been different?

- For the second exercise, pass out the handout, "Developing A Positive Self-Concept."
- Ask participants to complete the handout. (Answers will be given at the end of the professional presentation.)
- End the activity with the thought that self-esteem refers to our self-image--how good we feel about ourselves. An important component of our self-image is what we think other people think about us.

DEVELOPING A POSITIVE SELF-CONCEPT

Directions: Answer the questions by circling True or False.

1. By age six, a child has a good idea of his or her self-worth. True False
2. Social/emotional problems are more apt to develop in a child with learning problems. True False
3. A child develops a positive self-concept if he or she experiences no adversity. True False
4. Motivation and positive self-concept are not related. True False
5. Enforcement of clearly defined limits and rules are necessary components to self-concept development. True False
6. The first step in building your child's self-concept, for you as a parent, is to build your self-concept. True False
7. Perceptions of oneself come from people who are important to that person. True False
8. A positive self-concept is inherited. True False
9. Establishing one's sexual identify is important to self-esteem. By age two, a child knows if he or she is male or female. True False
10. Overprotection helps develop positive self-esteem. True False

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

THE DEVELOPMENT OF SELF-ESTEEM/SELF-CONCEPT

A child's first strong attachment comes at birth when a special bond is formed with the persons who respond to the infant's calls for food, comfort, and attention in a consistent, loving way. There has been much attention paid recently to this important initial bonding period. Infants who have not had their comfort and attention needs met during this critical period have emotional problems throughout life. Some fail to thrive, and they may never learn healthy dependence or independence. It is during this early period that the infant adapts a basic attitude of trust or mistrust toward the world.

Children launch their first big try at independence during the "Terrible Twos," the bridging period between infancy and childhood. This age is punctuated with defiance. The middle years of childhood are relatively calm, but the storm rises again during adolescence, the bridging period between childhood and young adulthood. Parents' efforts in supporting their toddler's autonomy are investments toward an easier adolescent period.

I AM
THE
GREATEST!

Meeting a child's needs with love and attention does not spoil the child. This attention is different from a smothering love, however, which meets the parent's needs, not the child's. Parents who have had difficulty separating themselves emotionally from their own parents will probably have difficulty dealing with their children's moves toward independence. There is some validity to the contention that we end up being the same kinds of parents as our parents were, particularly in the areas of dependence and independence.

Though separation periods can be difficult on both parent and child, there are strategies a parent can use to ease the pain. Ultimately, a parent's job is to prepare a child to leave and lead his or her own life.

Although self-esteem is an ongoing process, research has shown that the following three factors mold a child's self-concept.

1. Child-rearing practices.

2. School experience.

3. Physical size.

Because most young children are not in school yet or are not yet concerned about their physical size, the quality of child-rearing practices is probably the most important component in increasing or decreasing a young child's self-esteem.

Coopersmith (1967), in his research on the antecedents of self-esteem, found that three child-rearing practices related to self-esteem:

1. Nurturing: acceptance of the child (warmth, affection).

2. Structure: enforcement of clearly defined limits and rules.

3. Success: parent's respect for the freedom of child's actions within limits.

Another important finding in the research was that "significant others" played an important role in a child's self-esteem. Studies indicate that the perceptions a child has of himself or herself are largely due to the experience that the child has had with people who are important to him or her.

A baby has no sense of self and sees himself or herself as an extension of Mother or Dad. Language is the tool that makes a child feel separate. For children who experience normal growth and development, full separation comes at approximately two-and-a-half years. For a handicapped child, the sense of self may develop more slowly. Structure, nurturing, and successful experiences are the keys to assisting any child in developing self-esteem.

ERIK ERIKSON'S DEVELOPMENTAL TASKS: EMOTIONAL AND SOCIAL DEVELOPMENT OF CHILDREN

Erik Erikson described the developmental "tasks" of childhood, which are a source of insight for parents in understanding why children behave as they do and in determining how their influence affects how successfully children master each succeeding task of childhood. These developmental tasks are broken down as follows:

BIRTH TO TWO YEARS

I. *General growth issue:* Trust versus mistrust.

II. *Mode of relating:* Give and take.

III. *Specific developmental task:* The child at this time is more helpless than he or she will ever be again. Other people must nurture, protect, and reassure him or her. If these needs are filled, then the child will look on the world, and his or her own participation in it, with a generally trustful attitude, whereas, if severly deprived, the child will be distrustful. The general state of trust, furthermore, implies not only that one has learned to rely on the sameness and continuity of the other providers, but also that one must trust oneself and the capacity of one's own organs to cope with urges. The state of trust also implies that one is able to consider oneself trustworthy enough so that his or her providers will not need to be on guard. This stage forms the basis in the child for a sense of identity, which will later combine the senses of being "all right," of being oneself, and of becoming what other people trust that the person will become.

IV. *Self-statements:* "I am what I am given." "I am what I can go and get." "I can't."

V. *Parents of handicapped children:* Parents of handicapped children face special challenges at this stage. Not only is their child often not easily comforted or satisfied, but development is also delayed, and this stage lasts longer than it does for other children. Parents need reinforcement for their efforts. Research has shown a high correlation between an infant's scores on a developmental assessment and the promptness with which the mother responds to the infant's distresses. Presumably, mothers respond more quickly to infants who "do better" on such tests, because their efforts to comfort and satisfy their infant are rewarded. Without such reinforcement, mothers are less likely to keep responding.

The effect of reinforcement is important, because much popular child development literature stresses the importance of the mother's role in the bonding process. Mothers of delayed infants need to know that infants evoke 50 per cent of their interactions with adults. Infants who do not evoke much interaction *or* who evoke mostly negative interactions by not being easily comforted--thus frustrating their mother's good intentions--do not provide their mothers with the experiences that are essential to bonding.*

Delayed infants have the same needs for developing trust as other infants. Parents who would attempt to meet this need have to find compensations outside the mother-child relationship to sustain their efforts. All parents need relief from the demands of an infant. For parents of delayed infants, this relief is even more essential. The ability to satisfy another's needs is a function of having one's own needs met. Never are parents so glad to see their children as when they've returned from a satisfying experience.

TWO TO FOUR YEARS

I. *General growth issue:* Autonomy versus shame/doubt.

II. *Mode of relating:* Child's need to control.

III. *Specific developmental task:* For Erikson, the crucial developmental task of this second stage is the psychosocial ability of a person to make a choice for oneself. If the child is denied the gradual and well-guided experience of the autonomy of a free choice, he or she will turn against himself or herself all the urges to discriminate and to manipulate. The child will further learn to repossess the environment and to gain power by stubborn and minute control.

The child's controlling mechanisms of holding, restraining, and retaining can also develop into patterns of care--such as "to have and to hold." A child's letting go can also result in letting loose destructive forces, or it can result in the more relaxed attitude "to let pass" and "to let be."

If the social environment encourages the child to stand on his or her own feet, yet protect's him against meaningless and arbitrary experiences of shame and doubt, then the seeds for later autonomy have been planted. Shame, in this case, is the rage felt at being punished for trying to be autonomous. This rage is turned inward to the child's self. The child feels that it is not the punishers who are wrong, it is the child, for being inept and unworthy. Consequently, instead of learning to rely on a gradually maturing decision-making process, the child begins to doubt his or her own ability to function competently and independently.

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*Bromwich, Rose. *Working With Parents and Infants.* Baltimore, MD: University Press, 1981.

IV. *Self-statements:* "I am what I will."

V. *Parents of handicapped children:* Parents need to allow the child to experience a sense of personal control over his or her own actions. Children also need to be protected from excessive frustration over not doing a task that is clearly beyond his or her developmental level. Parents who consistently overprotect or refuse to help the child when frustration is high hinder their child's development of autonomy. It is important for parents to understand growth and development at this stage, as handicapped children pass through this stage at different ages.

FOUR TO SIX YEARS

I. *General growth issue:* Initiative/Responsibility versus guilt functioning.

II. *Mode of relating:* Self-assertion.

III. *Specific developmental task:* The natural object of a child's initiative is the parent of the opposite sex, who he or she wishes to capture and possess. The child must, of course, inevitably fail. If the child's parents have loved and helped him or her enough, however, the child will learn by this failure to turn from the exclusive attachment to his or her parents to the slow process of becoming a parent (a carrier of tradition). The basis for adult initiative and responsibility, then, will have been achieved. But if the child's failure to "possess" the parent is exaggerated by unnecessary punitiveness, the child will experience considerable resignation and guilt. These feelings will form a basis for acquiescence, unworthiness, and even irresponsibility in later life.

IV. *Self-statement:* "I am what I will become."

V. *Parents of handicapped children:* The child needs to explore and experiment and become more responsible. Now is the time to introduce simple household chores to the child as part of his or her responsibility of being a member of the household. Parents should try to reward initiative as much as possible. The child is beginning to understand feelings, and verbal expressions of feelings should be encouraged. During this stage, the child tends to fantasize. The special child will probably come to this stage later than a normal child.

JEAN PIAGET'S STAGES OF DEVELOPMENT

Erikson goes a long way toward giving parents a glimpse of who it is that they parent, and Piaget provides additional insight. Jean Piaget shows parents how children think, and tells parents that they think differently and perceive the world differently than adults do. He completes for parents a picture of who their children are, how they can know their children, and how children can know their parents.

In the first year, the infant moves from the state of not appreciating when he or she stops and when the world begins (complete self-world undifferentiation) to the state of "knowing" that if he or she kicks the mobile, it will move. Thus,

egocentric thought is born, in which the child, by the age of two years, refers every event to himself or herself. What happens--"good" or "bad," reinforcing or shaming--the child attributes to his or her own actions.

The child's thinking has a certain "magical" quality, magical referring to the child's lack of an adult appreciation of cause-and-effect. This way of thinking continues well past the child's first five years. The child's thinking is intuitive, based on feelings or on what the child would like to believe, influenced by his or her basic optimism or pessimism.

It is the child's egocentricity that makes him or her vulnerable to the important adults in life. If the child is shamed, or if he or she experiences unnecessary failure or frustration, the child feels badly, and feelings are all the child has at this stage to know himself or herself and the world by.

The child cannot sit down and read a book on child development or postpartum depression or midlife crises and say, with a sigh of relief, "And I thought it was all *my* fault!" (Lucky is the adult who comes to that conclusion.) That is, if the child feels badly because adults have responded inappropriately, he or she has no appreciation of the source of discomfort. The child incorporates his or her bad feelings into his or her self-image.

SELF-ESTEEM IS FORMED IN THE FAMILY

Children form a sense of self-esteem from the subtle and not-so-subtle messages they get from the important adults in their lives. The most important thing to children is what they think their parents think of them. For this reason, parents must learn effective ways of communicating love and feelings of worth to their children. Children need a sense of being valued just because they exist, an unconditional kind of regard from adults that is not dependent on their individual achievements. For parents to promote this sense of self-esteem, they must understand how children experience the world and how children's behavior, which parents respond to constantly, is related to predictable developmental stages.

This understanding is essential to parents in forming a basic parenting style that is consistent and that considers the consequence of one's behavior for the child's self-esteem. It is also the key to deriving pleasure and satisfaction as a parent. A parent's self-esteem grows as they see their children developing into confident persons, loved and loving, who reach their potential.

Self-esteem is formed in the family: the family is the part of a child's environment where parents can have the most influence.

How Parents Respond to Children

Once parents appreciate the importance of feelings for a child, they are ready to learn some strategies for safeguarding the feelings that their children develop about themselves. Jean Clarke, in her book, *Self-Esteem: A Family Affair*, describes four ways that parents respond to behavior situations that members of their families present them with. *Some ways of responding foster self-esteem in family members; some do not.

1. *Nurturing*. This parental message is gentle, supportive, and caring. It invites the person to get his or her needs met. It offers to help. It gives the person permission to succeed and affirms the person.

2. *Structuring and protecting*. This parental message sets limits, protects, asserts, demands, and advocates ethics and traditions. It tells the person ways to succeed and affirms the person.

3. *Marshmallowing*. This parental message sounds supportive, but it invites dependence, negates, and suggests that the person will fail.

4. *Criticizing*. This parental message ridicules, tears down, tells ways that the person will fail, and negates.

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*Clarke, Jean. *Self-Esteem: A Family Affair*. Minneapolis, MN: Winston Press, 1978.

Suggested Activity 1

The professional presenter should:

- Go over Jean Clarke's description of the four ways parents respond to behavior situations within their families.
- Ask four people to volunteer for some role-playing activities. Have them sit in four chairs that face the audience. Each person will assume one of these roles: (1) Nurturer, (2) Protector/structurer, (3) Marshmallow, or (4) Criticizer.
- Ask one more person if he or she will role-play a two-year-old having a temper tantrum.
- Have participants arrange themselves, according to:

X	X	X	X
Structurer/protector	Nurturer	Marshmallow	Criticizer

X

Two-year-old

- Pass out cards to each of the adults, on which the following dialogue is written:

Two-year-old Having a Tantrum

Nurturer:	"You certainly are angry. I'm here if you need me."
Structurer:	"I insist that you stay over in that corner of the room where I can see you until you decide what to do."
Marshmallow:	"What's the matter? When you get that mad it scares me. Let me help. You can't think when you're that mad."
Criticizer:	"You have a terrible temper just like your Uncle Ben, the one who couldn't hold a job. Go to your room. Don't come out until you stop being mad."

- Ask the adult who is role-playing the two-year-old how he or she feels about the parental responses.
- Thank the two-year-old role-player for participating. Ask the other adults to remain.

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*Concepts taken from Clarke, Jean. *Self-Esteem: A Family Affair*. Minneapolis, MN: Winston Press, 1978.

Suggested Activity 2

The professional presenter should:

- Ask one adult from the audience if they will role-play a four-year-old who claims there's a monster under the bed.
- Pass out cards to each of the adults, on which the following dialogue is written:

Four-year-old Afraid of Monster Under Bed

Nurtures: "No, there is no monster under your bed." "There are no monsters here, sweet baby, so, go to sleep." (said softly)

Structurer: "No, there is no monster under your bed. Go to sleep now." (said firmly)

Marshmallow: "Oh, how awful to be so scared. Look dear, I will get rid of the monster."

Criticizer: "Listen, if you weren't such a 'fraidy cat, you wouldn't worry about monsters. If you don't shut up, I'll bet it gets you."

- Ask the adult who is role-playing the four-year-old how he or she feels about each response.

Suggested Activity 3

The professional presenter should:

- Go over Jean Clarke's descriptions of the four ways parents respond to behavior situations within their families.
- Pass out handout, "Ways to Respond" (15-1).
- Ask participants to read Part A of the handout and answer the questions, in writing, using nurturing and structuring ways of responding.
- Presenter: Use the following suggested answers for use in the discussion.
  - -*Nurturing:* "Bob doesn't want to acknowledge all the feelings the baby's diagnosis evoke for him. I'll be sure to share my feelings and be open to his."
  - -*Structuring and protecting:* "I'll say to Bob, 'You've handled some difficult issues in the past. If you want some help, let's talk privately to Mrs. Jones, who leads the group.'"
- Ask for volunteers to indicate how they responded, and write some of their responses on the chalkboard.

- End the activity with the thought that marshmallowing and criticizing responses are barriers to communication because they offer no help, and they blame and punish, whereas nurturing and structuring responses suggest ways to get needs met and acknowledge acceptance of one's feelings.

Suggested Activity 4

The professional presenter should:

- Show the film, *Queen for a Day*, a 30-minute videotape from the Footsteps "Focus on Parenting" series.
- At the end of the film, write on the chalkboard the statements, "Thoughts and feelings and wishes are reality for the child."
- Ask participants the following questions. (Suggested answers are in parentheses.)

  1. What does Allison really believe? (As Allison expresssed it, "It was my turn to be queen. The teacher picked the wrong one." Allison is not constructing an alibi--she really believes this. She woke up wanting, wishing to be queen.)

  2. What is Allison trying to establish by choosing her own clothes? (Allison is asserting her independence. Her sense of autonomy and independence appears healthy.)

  3. Do you think Allison really had a stomach ache? (We don't know if Allison's stomach really ached after she wasn't chosen queen in her class. But she might well have seemed "unwell" enough for her teacher to ask if she felt all right. Children know how they "feel" but have a rather vague idea of symptoms and causes. Adults often suggest a cause when the child can't: "Do you have a tummy ache?" Allison may well have nodded, "Yes." She knows she has something, and maybe it's called a tummy ache as the teacher suggests.)

  4. Was Allison lying? What could happen if Allison doesn't get the recognition she is seeking if she isn't made to feel like a "queen" once in a while? (It's important to realize Allison isn't "lying." But learning is going on all the time. If the adults in Allison's environment aren't sensitive to what her behavior is telling them about her need for recognition, and they don't meet her needs in that area, Allison will learn to feign illness to get the attention she isn't getting from her teachers and parents.

     If her signals are not "read" by the important adults in her life, and she resorts to feigning illness for attention, the adults are likely to catch on and withhold attention from this behavior as well. "You're not sick. Now get back to work." The inadvertent message says "Your feelings and you don't matter. Your efforts to engage adults are futile. Give up trying. You're bad." Thus, it is important to have a frame of reference for our spontaneous day-to-day dealings with children.)

- End the activity with the thought that the film skillfully shows the interplay of four persons' individual efforts at maintaining self-esteem. Self-esteem is a family affair simply because individual drives toward self-fulfillment affect and are affected by others in the family.

SELF-ESTEEM AND BEING HANDICAPPED

In *Black Child Care*, James Comer and Alvin Poussaint point out that black children need to learn black history and culture as a source of self-esteem. Children need strategies for dealing with racism and the negative feelings about being black that racism can cause. But, the authors advise, this "second identity" --a positive black identity--must be built on an inner core of self-esteem, known as a "primary identity," or the black identity will fade away under the "harsh light of life's realities."

So it is for handicapped children. Any person who is going to have to manage a "second identity"--be it a handicapped child, a parent of the handicapped child, or a brother or sister of the handicapped child--has to first experience a "primary identity" of positive self-esteem. And, just as a basic sense of positive self-esteem takes conscious effort on the part of parents, so does the building of a positive secondary identity.

There are many things parents can do to foster a positive "second identity" for their child. Skills can be used to promote positive self-esteem in general, and then they can be used to address the issues of a child's handicapping condition.

Consider this example: What are the implications of bathing a physically handicapped child (whose developmental level is five years) in the tub, which requires someone to lift the child in and out, versus installing a seat in the shower, to which the child can transfer himself, and replacing the wall-mounted shower head with a hand-held model? (If the child is seizure-prone, he or she can wear an old helmet in the shower.) The first method tells the child,"I am dependent on Mom." The second method says, "I can take care of myself."

Children who grow up with the first message are at risk for unconsciously sabotaging later efforts to teach themselves self-help skills. They are more likely to fail in projects that teach independent living skills and in job training. Their basic self-image is that of a dependent person whose survival depends on Mom or some other caretaker. Energy that could be used to learn and use new skills is used instead to safeguard or maintain the old dependent status that the handicapped individual has come to equate with survival.

Other activities, which promote self-esteem through skill-building and accumulation of expertise, can be used with handicapped children:

1. Participating in the Special Olympics.

2. Participating in the Park and Recreation Department activities for the handicapped.

3. Doing hobbies, such as collections, photography, gardening, crafts, and music.

4. Learning self-help skills.

5. Carrying out responsibilities at home. (The goal here is to never do for a child what he or she can do for himself or herself.)

6. Meeting adults with the same handicapping condition who are positive role models. (Disabled-student organizations at local colleges and universities may be a good source for adult role models.)

One final thought about self-esteem and self-sufficiency, and the consequences for parents of promoting these goals is this: Most parents have had the experience of catching themselves doing for their child what the child could do for himself or herself. Often, parents are in a hurry and it simply takes the child longer to do something than it does the parent. Parents can try to internalize a philosophy that says, "I want him or her to know he or she is more important than the "schedule" and I will adjust the "schedule" to his or her needs. But there is a "schedule" that parents cannot so easily adjust that can sabotage their efforts to teach their disabled child skills of self-sufficiency. This "schedule" is, of course, parent's own mortality and their fears and fantasies of their children's lives without them.

Helen Featherstone, in her book, *A Difference in the Family*, suggests that what many professionals label overprotection is sometimes a parent's desire to care for his or her child while the parent is still able to do so and to compensate for painful thoughts of the child not having the parent to care for him or her some day. Internalizing a philosophy for promoting self-esteem through self-sufficiency is a powerful anecdote for parents coming to terms with these feelings.

WAYS TO RESPOND

Directions: Read about the situations in Parts A and B, then answer the questions that follow, in writing, using nurturing and structuring ways of responding.

Part A: Bob and Janet

Bob and Janet have been attending an infant stimulation program with their nine-month-old son with Down's Syndrome and with their two-and-a-half-year-old daughter. There is childcare for their daughter, and a parent discussion group that meets while the occupational therapist works with the babies. Janet notices that Bob finds excuses to check on their daughter often enough to stay uninvolved with the parents' group.

1. What might Janet say to Bob that would be a nurturing response?

2. What might Janet say to Bob that would be a structuring response?

Part B: The Smith Family

The Smiths have been concerned about Bobby for a long time. Until he was three, it was possible to believe he wasn't talking as early as his older sisters because he was a boy. But when his third birthday came and went, his mother, Jeanne, felt she had to get some professional advice. There have been six months of speech and hearing evaluations, neurological exams, psychological testing, and an occupational therapy evaluation. Bobby is going to speech and occupational therapy three mornings a week, and his parents Jeanne and Bill are working with him at home. Activities with the older girls have taken a back seat to Bobby's program. The girls have discovered that the only way they can get attention is through negative behavior. The Smiths are aware of the source of the girls behavior.

1. What might the Smiths say to the girls that would be a nurturing response?

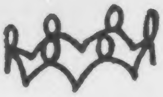
2. What might the Smiths say to the girls that would be a structuring response?

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences and so on).
- Discuss your special child's handicapping condition, current level of functioning, and school placement.
- What activities are good sources of self-esteem for your handicapped child and nonhandicapped child(ren)?
- Do brothers and sisters or other family members help promote self-esteem in the handicapped child? How do they accomplish this?
- How do you handle family members whose behavior toward your handicapped child does not promote self-esteem?
- Describe family outings, traditions, such as holiday celebrations, and the daily routine you've designed to foster self-esteem in your children.

Small-Group Activity



The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to be sure the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the group is planned as a discussion starter, and encourage your group to ask questions, volunteer personal information, and speak out.
- Ask participants to read Part B of the handout, "Ways to Respond" (15-1).
- Use the following suggested answers for use in the discussion.

  -*Nurturing:* "Girls, Bobby's program has taken a lot of time lately, I've missed doing more things with you. Bobby's spending the night at Grandma's on Saturday, and we'll cook out at the beach."

  -*Structuring and protecting:* "Girls, when you're feeling like Bobby gets all the attention around here, I want you to come talk to us about it. I have a plan for us to spend more time together, too."

- Ask for volunteers to indicate how they responded, and write some of their responses on the chalkboard.
- Discuss how communication enhances self-esteem: husband to wife, parent to child, child to child, sibling to handicapped child, and so on.
- Discuss how parents can model communication for the family.
- Discuss sexuality and the parents' role in sexual development. Look at the sex education resources for young children on the handout, "Sexuality and Self-Esteem" (15-2).
- Pass out handout, "Words of Wisdom for Developing Self-Esteem" (15-3). Discuss those parental responses that seem most pertinent. Emphasize item 10, particularly if one has a handicapped child.
- Ask each participant to state one strategy he or she will use to enhance family self-esteem.

- Provide Answers to the quiz "Developing a Positive Self-Concept" that participants completed in the introductory activity:

  1. T
  2. T
  3. F
  4. F
  5. T
  6. T
  7. T
  8. F
  9. F
  10. F

- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

SEXUALITY AND SELF-ESTEEM

Understanding and accepting one's sexuality is another component of how a person develops a positive self-concept. Sex education is continuous and begins at birth. How a child is bathed, diapered, toilet-trained, and respected for his or her body and bodily feelings forms the basis for the child's sexual development. How parents live together and enjoy each other's company and respect will serve as a child's frame of reference for sexuality. Handicapped children's sexual development parallels that of other children. Remember:

1. Sex education is not a subject to be introduced briefly at puberty. It is a lifelong educational process. Everything that can be said to parents about building self-esteem in children--that it requires a basic frame of reference for responding to and being with children in all their interactions with them--can be said about sex education.

2. Parents need a frame of reference for handling questions as they come up, which includes: (a) Knowing what information is appropriate developmentally for their handicapped child; (b) Acknowledging and accommodating the handicapped condition; and (c) Accepting one's own sexuality.

3. All persons are sexual persons. A healthy outlook is based on a child's comfort with his or her particular sex and sex-role identification. By age four, children know if they are female or male. There are several theories regarding how children learn, depending on whether they are male or female. Generally speaking, however, a child can learn both roles and will continue to perform what is reinforced by the parents.

   Help is available from the California Regional Centers for Developmental Disabilities, Planned Parenthood, Centers for Independent Living, and rehabilitation teams at major hospitals.

Sex Education Resources for Young Children

Attached is a list of recommended sex education resources for young children.

Body Differences Between the Sexes

Brenner, Barbara. *Bodies.* New York: Dutton, 1973.
An excellent resource on bodies for preschool and elementary children. Black-and-white photographs depict clothed and unclothed children, using their bodies to eat, sleep, defecate, bathe, and read.

Gordon, Sol. *Girls Are Girls and Boys Are Boys: So What's the Difference?* Fayetteville, NY: Ed-U Press, 1979.
The differences between boys and girls are explained in terms of body-build and function, rather than play, clothing, or career preferences. Masturbation, menstruation, intercourse, bathing, and breast feeding are discussed. The illustrations are multicultural.

Waxman, Stephanie. *What Is a Girl? What Is a Boy?* Culver City, CA: Peace Press, 1976.
Black-and-white photographs illustrate body differences between the sexes from infancy through adulthood. Points out that despite anatomical differences, both boys and girls can have the same names, enjoy the same activities, and feel the same emotions.

Reproduction and Birth

Gordon, Sol, and Judith Gordon. *Did the Sun Shine Before You Were Born?* Fayetteville, NY: Ed-U Press, 1974.
Focuses on the family. Explains male-female genital differences, intercourse, conception, and the birth process. Includes multicultural illustrations, as well as suggestions for parents and teachers.

Mayle, Peter. *Where Did I Come From?* Secaucus, N.J.: Lyle Stuart, 1973.
Amusing text with cartoonlike illustrations. Explains body differences, sexual arousal, intercourse, conception, fetal development, and the birth process. The text is too long for some young children.

Nilsson, Lennart. *How Was I Born?* NY: Delacorte, 1975.
Story of conception, prenatal development, and childbirth is told in a sequence of beautiful photographs by the author/photographer. Clear, scientifically accurate text. Photos depict body differences in the sexes from early childhood to adulthood. Text may be edited for younger children.

Sheffield, Margaret. *Where Do Babies Come From?* New York: Knopf, 1972.
Beautifully and sensitively illustrated. Shows genital differences in infancy, childhood, and adulthood. Discusses intercourse and fetal development. Depicts natural childbirth.

Stein, Sara Bonnet. *Making Babies.* New York: Walker, 1974.
One of the books in the "Open Family" series, this book presents a simple description of pregnancy and birth. Includes vivid photographs of the fetus. Separate text for child and adult on each page, with adult text suggesting strategies for responding to children's sexual curiosity.

WORDS OF WISDOM FOR DEVELOPING SELF-ESTEEM

True wisdom is the ability to learn from other people's experience. Therefore, child psychologist Dr. Charles Schaefer asked this question of 50 parents who had successfully reared children:

> "Based upon your personal experiences, what is the best advice you could give new parents about raising children?"

The most frequent parental responses were:

1. Love abundantly.
2. Discipline constructively.
3. Be clear, consistent, and authoritative.
4. Punish in private.
5. Be flexible, reasonable, and understanding.
6. Discourage continued dependency.
7. Spend time together.
8. Develop mutual respect.
9. Really listen.
10. Tend to personal and marital needs.

These principles and others have been expanded and adapted from Dr. Schaefer's paper, into the pamphlet, "Plain Talk About Raising Children" published by the National Institute of Mental Health. It's available, free, from the Consumer Information Center, Dept. 522H, Pueblo, CO 81009. Send a postcard and allow four to six weeks for delivery. Supplies may be limited.

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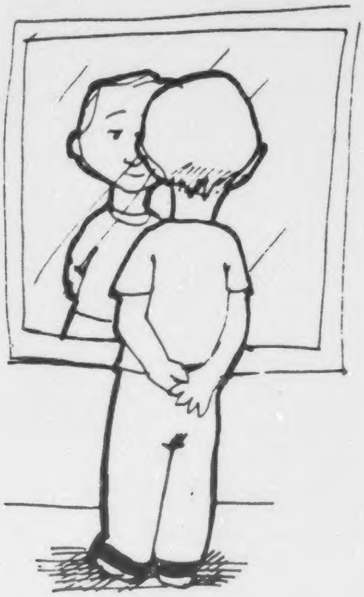
Parent Summary Sheet

SELF-ESTEEM

Self-esteem refers to a person's opinion of himself or herself. (Am I happy with who I am? Am I happy with my identity?) High self-esteem is the key to full development. Persons who possess high self-esteem feel valued, loved, and capable. A person needs to feel valued simply because he or she exists. And, that person must feel able to manage himself or herself, and the world, with competence. The important word here is *feel*.

Self-esteem is based on one's own opinions, not simply those of others. The most important thing to children is what they think their parents think of them. For this reason, parents must learn effective ways of communicating love and feelings of worth to their children.

The family setting offers opportunities in which to teach and practice ways of relating to others that promote self-esteem.



SELF-ESTEEM PRINCIPLES

1. The years from birth to age five are a time of striving for independence: "Me do."

2. The ways in which parents and professionals respond to this urge can make or break a child's self-esteem. That is, do we frustrate the child's efforts at asserting his or her independence or find ways to foster and encourage it?

3. The consequence of fostering this push for independence is a child who trusts himself or herself to succeed and others to respond positively to his or her efforts; a child who shows initiative; and a child who strives for autonomy or self-sufficiency. The consequence of frustrating the push for independence is a child who expects to fail; a child who expects to receive a negative response for his or her efforts at independence and autonomy from the important adults in life; and a child who stops trying.

4. Self-esteem is a family affair simply because we live in families. Members of families have a tremendous impact on one another. The family is one part of the child's environment that parents influence as they model basic attitudes toward life and human relationships for their children. These attitudes are reflected in parents' interactions with the children and in the way parents consciously structure the family's time together.

5. The thinking of the child who falls into the range 0-5 years developmentally, is characterized as egocentric (he or she refers all events to himself or herself), and magical (he or she has crude concepts of cause-and-effect--things "just happen").

6. Because the child's thinking is so egocentric and magical, his or her feelings are all the child has to know himself or herself and the world by.

7. Handicapped children need the same basic core of self-esteem that every child needs. This will serve as a foundation for a positive "second identity" of being a handicapped person--the able-disabled philosophy, which acknowledges the person's handicap as a fact of life, then encourages the person to get on with living.

HOW PARENTS RESPOND TO CHILDREN

There are four typical ways that parents respond to situations that their families present to them. Some foster self-esteem; some do not.

1. *Nurturing.* This parental message is gentle, supportive, and caring. It invites the person to get his or her needs met. It offers to help. It gives the person permission to succeed and affirms the person.

2. *Structuring and protecting.* This parental message sets limits, protects, asserts, demands, and advocates ethics and traditions. It tells the person ways to succeed and affirms the person.

3. *Marshmallowing.* This parental message sounds supportive, but it invites dependence, negates, and suggests that the person will fail.

4. *Criticizing.* This parental message ridicules, tears down, tells ways that the person will fail, and negates.

SUGGESTED READINGS

Ayrault, Evelyn. *Growing Up Handicapped: A Guide to Helping the Exceptional Child.* New York: Seabury Press, 1977.
Evelyn Ayrault, who has cerebral palsy, frankly discusses facing such important topics as your child's handicap, family relationships, the rejecting parent, and discipline.

Bean, Reynold, and Harris Clemes. *How to Raise Children's Self-Esteem.* Sunnyvale, CA: Enrich, 1980.
Emphasizes that parents need to pass on to their children a high sense of self-esteem, good character goals, and values.

Clarke, Jean. *Self-Esteem: A Family Affair.* Minneapolis, MN: Winston Press, 1978.
A practical, readable commentary, with practical suggestions for building a child's self-esteem.

Comer, James, and Alvin Poussaint. *Black Child Care.* New York: Pocket Books, 1980.
Deals clearly and honestly with the problems of raising black children in America today.

Bibliography

Books

Ayrault, Evelyn. *Growing Up Handicapped: A Guide to Helping the Exceptional Child.* New York: Seabury Press, 1977.

Azerad, Jacob. *Anyone Can Have a Happy Child.* New York: Warner Books, 1981.

Briggs, Dorothy. *Your Child's Self-Esteem.* New York: Doubleday, 1975.

Bromwich, Rose. *Working With Parents and Infants.* Baltimore, MD: University Park Press, 1981.

Canfield, Jack and Harold Wells. *Hundred Ways to Enhance Self-Concepts in the Classroom.* Englewood Cliffs, NJ: Prentice-Hall, 1976.

Clarke, Jean. *Self-Esteem: A Family Affair.* Minneapolis, MN: Winston Press, 1978.

Comer, James, and Alvin Poussaint. *Black Child Care.* New York: Pocket Books, 1980.

Featherstone, Helen. *A Difference in the Family.* New York: Penguin Books, 1980.

Ginsburg, Herbert, and Sylvia Opper. *Piaget's Theory of Intellectual Development.* Englewood Cliffs, NJ: Prentice Hall, 1979.

Gould, Shirley. *How to Raise an Independent Child.* New York: St. Martin's Press, Inc., 1979

Hamilton, Marshall. *Father's Influence on Children.* Chicago, IL: Nelson-Hall, Inc., 1977

Audiovisual Materials

Child Development and Child Health: Love and Identity. Parents Magazine, Inc. Filmstrip, color, audiocassette.
Emphasizes that affection is a requirement for a young child's healthy emotional and psychological growth.

Queen for a Day. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD.
Portrays a handicapped child developing self-esteem.

I Love You When You're Good. Loving Children: Getting the Message Across. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, color.
In the early years children learn about their worth mainly from their parents. A sense of self-worth helps children lead productive lives, with rewarding relationships with others.

UNIT IV

COORDINATING THE HOME/SCHOOL/COMMUNITY

They're Part of the Family, Too: Working With Professionals and Finding Resources in the Community

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To acquaint participants with the titles and duties of professionals who may provide assistance to the family of a handicapped child.	421	10 minutes
Professional Presentation	To become aware of the different problems family members encounter when dealing with professionals.	423	40 minutes
	To provide participants with the different kinds of services available to them in the community.		
Parent Presentation	To discuss techniques of dealing with professionals and ways to acquire community services.	434	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To introduce participants to various parent organizations, magazines, and newsletters relating to families with handicapped children.	435	40 minutes

Overview

The birth of a child into a family involves many adjustments. One responsibility of parents is to secure outside assistance for that child and, in some cases, help for the entire family. This is even more true for the parents and family of the handicapped child. These families will need guidance and services to ensure that everyone's needs are met while the process of adjustment and acceptance is evolving. In general, the greater the degree of a child's handicap, the more kinds of services will be required for the family.

Parents are often at a loss as to the kinds of professionals, agencies, and community services available to them. Even the family doctor may be limited in his or her knowledge of the range of services in this area, or such services may be so poorly dispersed that a family in a rural community could not possibly travel from place to place to find them.

Even when families find professionals within easy access, problems can develop if parents feel inadequate and overwhelmed by the "expert's" advice and technical jargon. By working together as a team, parents and professionals can ensure that the child and his or her family will be healthy, happy and fulfilled.

Introductory Activity

The professional presenter should:

- Tell participants that often parents are at a loss as to the kinds of professionals available to work with them when their child has a problem.
- Pass out the handout, "The Professionals," and ask participants to match each professional title with a job description.
- Have extra pencils available.
- Allow five to ten minutes to complete handout.
- At the end of the time period, tell participants to hold on to handout for further discussion during the professional presentation.
- End the activity with the thought that the handicapped child and his or her family will come into contact with many professionals who will have a great impact on the child's development.

THE PROFESSIONALS

Directions: Match each professional title in the first column with a job description in the second column:

1. _____ Pediatrician
2. _____ Neurologist
3. _____ Orthopedic Specialist
4. _____ Ophthalmologist
5. _____ Optometrist
6. _____ Psychiatrist
7. _____ Psychologist
8. _____ Speech Therapist
9. _____ Audiologist
10. _____ Physical Therapist
11. _____ Occupational Therapist
12. _____ Social Worker

A. Treats diseases of the eye.

B. Treats diseases of muscles, bones, and joints.

C. Can evaluate a child's performance in school, and establish I.Q. and achievement level of child.

D. Treats disorders of the eye that require glasses.

E. Can identify a child who has a hearing impairment.

F. Treats childhood diseases and common ailments.

G. Licensed person who coordinates agency help, provides service to families, and protects their interest.

H. Doctor who treats emotional problems of the child and/or the family.

I. Specialist concerned with developing strength and coordination of body parts.

J. Treats diseases and disorders of the brain.

K. Specialist who assesses language capabilities of the child.

L. Specialist who helps child with everyday tasks and fine-motor control.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

PROFESSIONALS WHO CAN HELP

Pediatrician

The pediatrician plays a crucial role in the medical treatment of a handicapped child. Because the child is brought in for regular checkups, the pediatrician may be the first doctor to identify a problem in the child's growth and development. He or she should be the coordinator of the other medical specialists that may be required. The pediatrician will probably run some of his or her own tests, such as blood and urine analyses, as well as treat the child for routine illnesses, such as colds and viruses.

Neurologist

Some handicapping conditions require an examination by a neurologist. He or she specializes in diagnosing and treating disorders of the central nervous system (the brain, spinal cord, and nerves). During a neurological examination, the doctor may run an EEG, which evaluates the electrical activity of the brain. Using the EEG results, and the results of other tests, the neurologist can often determine the extent of brain damage, which parts of the brain are affected, and whether seizures are or will be a part of the child's overall problem.

Orthopedic Specialist

If the handicapping condition is a physical one, an orthopedic specialist is called in to deal with such problems. Usually an orthopedic specialist is also an orthopedic surgeon, should the problem require surgery. Often, treatment can consist of a home program of exercises or physical therapy, which may lead to the acquisition of supports or braces. During the examination, x-rays may be taken.

Ophthalmologist and Optometrist

If the child has a vision problem, he or she will need to be seen by an eye doctor. An ophthalmologist is a physician and can treat eye diseases and injuries. He or she is concerned about how well a child can see and, if there is a problem, what is causing it. An ophthalmologist is also concerned with eye muscles and any problems in eye coordination and movement. An optometrist, on the other hand, is not a physician, but does prescribe glasses or exercises to straighten the eyes and help visual perception. He or she also determines if the brain understands what the eyes are seeing.

Child Psychiatrist

If the handicapped child is having an emotional problem, he or she and the family may benefit from the attention of a child psychiatrist. This specialist is trained to understand why a child behaves the way he or she does and to suggest a treatment plan for the whole family. Such treatment might include medication, individual counseling, therapy sessions, or all of these. The treatment of emotional problems can be very complex and lengthy, and parents need to be as directly involved with the doctor as possible.

Psychologist

When a child is having difficulty in intellectual, emotional, or social development, a psychologist may be recommended. A clinical psychologist may see the child or family as an outpatient of a local mental health center. Testing is also done in the school system, in order to evaluate children for different levels of instruction, even for preschool children who have some difficulty in functioning. The psychologist will usually talk to members of the family, and interview, observe, and test the child. Intelligence and personality tests may be given. Such tests and observations can help the psychologist determine if there is brain injury and if so, what effect the injury has on the child's functioning.

Special Education Teacher

A child with a handicapping condition is eligible to receive help from the public school system from the age of three and, in some districts, at an even earlier age. Once enrolled in a school program, the special education teacher will help carry out the goals that parents and specialists have agreed upon. Because the teacher works with the child on a day-to-day basis, parents should talk to the teacher any time they have questions or concerns about the child's progress.

Speech Therapist

Certain types of handicapping conditions carry a high probability of speech and language difficulties. If such problems exist, a speech therapist is trained to evaluate the structure of the child's mouth, tongue, teeth, and jaw, and to assess receptive language (how much the child understands the spoken word) and expressive language (how well the child speaks and expresses himself or herself). The speech therapist can suggest ways for parents to help their child through home exercises, reading, and certain talking games.

Audiologist

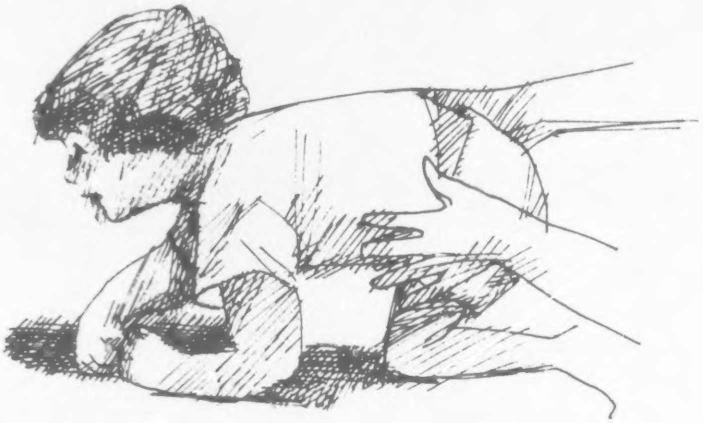
An audiologist is concerned with identifying children with hearing impairments. This specialist may be recommended if a younger child is not responding to sounds or if an older child is having speech difficulties. An audiologist may determine whether there is a problem with loudness or pitch or whether the child can discriminate the differences between words. Once again, the parents may be able to help at home under the direction of the audiologist.

Physical Therapist

The physical therapist is concerned with developing strength and endurance of body parts and of normal motor patterns, in order for the child to move around easily. Usually a therapist is affiliated with a local agency, school, or hospital, and parents are referred there through one of their child's physicians. The physical therapist can observe muscle tone, see how much movement there is in the child's body joints, and test reflexes of the central nervous system. Parents can be trained by the physical therapist to assist the child in a program of home exercises.

Occupational Therapist

If the child is having difficulty performing some basic everyday tasks, the services of an occupational therapist may be recommended. Such a therapist will help the child build the skills necessary to compensate for his or her handicap. The therapist will observe how well the child can coordinate hand movements and how strong the child's individual muscle or set of muscles is. Certain toys or games may be suggested for home use to supplement the therapy and help the child build basic skills.



Social Worker

A social worker is concerned with ways in which families cope with having a handicapped child. He or she can provide support and guidance, refer families to community resources, provide counseling, and interpret the findings of other professionals who work with the child. Many times, a social worker is assigned to a family by a medical or mental-health agency. If parents wish to seek such services on their own, they should contact the United Community Services or United Way about social service agencies in the community.

Suggested Activity 1

The professional presenter should:

- Ask participants to take out the handout, " The Professionals," which they completed during the introductory activity.
- Give the answers to each item, using the following key:

  1. F
  2. J
  3. B
  4. A
  5. D
  6. H
  7. C
  8. K
  9. E
  10. I
  11. L
  12. G

- Ask participants to look down the list in the first column, and put a check by those professionals who have or who are now working with their child.
- Ask for volunteers to share how many professionals they have been involved with.
- Ask if there are other professionals not on the list who might work with a handicapped child. Have participants add to the list if there are suggestions.
- Discuss if there are some professionals on the list that participants think their child should be involved with but no one has recommended.
- Discuss if there have been professionals who haven't lived up to their job description and have been lacking in some way.
- End the activity with the thought that the greater the degree of the handicap, the more professionals that are usually involved.

PROFESSIONAL PITFALLS

Some parents are overwhelmed by the authority and special knowledge of experts. Parents may be afraid to ask professionals to explain what they mean; to disagree with what the specialists say about the child; or to even share what information parents have. The following are some common problems parents face when dealing with professionals who treat the child:

1. *Wait-and-see attitude.* There are countless instances in which the parents suggest that there might be a problem in the child's development, but the doctor's attitude is either reassuring or "wait and see." Critical time may pass before parents either press the issue or the doctor finds a way to divulge his or her suspicions to the parents.

2. *Giving information.* Information should be furnished to the parents as soon as possible. Parents want to know the diagnosis, the label, and as much as possible about the origins of the disability and its implications for the child's life. Doctors should realize it may take more than one interview for parents to fully understand the disability and to give them time to formulate their questions.

3. *Technical jargon.* Professional and technical terms should be avoided when talking with parents or, if used, they should be explained simply. Often parents sit through a consultation and have little idea or a mistaken idea about the doctor's point. Helen Featherstone, in *A Difference in the Family,* relates that one mother was told her daughter had "delayed development." The

mother interpreted that to mean her daughter was slow, but she felt encouraged because she linked it to a train that was "delayed" but would evenutally arrive. Later, the mother learned that the doctor was trying to tell her that her daughter was retarded.

4. *Lack of respect for parents.* Parents sense when professionals are not honest and open with them and usually interpret this attitude to mean that the doctor does not have enough confidence in them to seek out their opinions and suggestions. By not questioning parents about the total family environment of the handicapped child, the professional misses important information about possible cultural differences or about the family's value system. If conflicts arise, parents may resist any further attempts at developing a treatment program.

Suggested Activity 2

The professional presenter should:

- Remind participants they are a valuable asset in working with professionals, and they should have some control over the direction the child's progress is taking.
- Ask participants, "How can you feel like you have some control?"
- Write on the chalkboard the following headings: "Making Appointments," "Meeting With Professionals," "Asking Questions," and "A Second Opinion."
- Help participants begin brainstorming by asking, "What can I do when making an appointment for my child that will help me prepare for the exam?"
- List ideas on the chalkboard. (Presenter: See "Discussion Guide: Working Together," (17-1) for additional discussion ideas.)
- Ask participants, "When I meet with the professional what can I do to ensure that we are both working together?"
- Proceed to the next heading by asking, "What are some techniques for making sure my questions will be answered?"
- Finally, discuss, "Should I ask for a second opinion?"
- End the activity with the thought that parents can overcome their feelings of inadequacy by insisting that the professional and the parents work together as a team to ensure that the needs of the handicapped child and his or her family are met.

Suggested Activity 3

The professional presenter should:

- Review with participants some ideas regarding assertive communication.
- Ask for a volunteer to role-play the following situation:

> You are the parent of a two-year-old son. For several months, you have suspected that your child is lagging behind in development. You have mentioned your concern to your pediatrician before and haven't felt that he heard you. Today, you say, "I'm really very concerned about my son's apparent slowness." The doctor says, "Now, all you mommies worry too much! Give your child a chance and he'll catch up."

- Discuss with participants how mother might feel. Ask, "Where do you go from here?" "What do you say?" Keep in mind some assertive communication skills.
- End the activity with the thought that informed parents can effectively communicate with professionals by using assertive communication skills.

COMMUNITY SERVICES

Parents need to be aware of the range of services that an individual with a handicap may need and the availability of such services within the community. Parents may want to investigate the following areas when seeking help for their child and for themselves:

1. *Babysitting and day care.* Many local communities will have a babysitting service especially for the handicapped listed in the yellow pages under "Babysitting." Fees are generally higher than those charged by a neighborhood adolescent, but fees are on the same level as other professional sitter services. The Welfare Department may have a list of day care providers who will take the child in their home and a list of day care centers who will take a handicapped child. Parents should check at their child's school to see if any of the staff there are available for after-school or weekend babysitting.

2. *Legal services.* The rights of handicapped persons are currently being established more firmly in the courts and through legislation. Parents should know the child has a right to free public education from the age of three, the right to proper placement in special classes, and the right to treatment and transportation. If parents feel their child is being excluded from rightful services or denied lawful opportunities, they should consult a public or state lawyer, a State Developmental Disability Council Staff, or a congressional representative in their district.

3. *Financial aid.* Having a handicapped child is such an additional financial burden that many times outside help must be sought. If a family has a social worker, he or she may lead the family to programs and services that are either free or that have fees dependent on the family's income. Other

help may be received from the local Regional Center for the Developmentally Disabled, Medi Cal, SSI, and national organizations, such as Crippled Children Services, Easter Seals Society or the United Way. Local service organizations, such as Kiwanis or Lions, might also sponsor some services for handicapped children.

4. *Genetic counseling.* Many families want to know if their child's handicapping condition has been inherited and what the chances will be of future children also being afflicted with the disability. A genetic counselor may be a nurse, who can advise parents about lab tests and probability factors, or a doctor, who will do a complete genetic workup. Generally, a genetic counselor will not make the decision for the family, but he or she will give parents odds as to the likelihood of the handicap appearing again.

5. *Family counseling.* Sometimes families will need outside assistance in working through the process of raising a handicapped child. Counseling may be available privately or through local mental-health agencies. Parents may prefer individual sessions or group sessions with other parents experiencing the same problems.

6. *The Church.* In times of crisis, families often turn to their church for support. Most churches provide a number of services: emotional comfort (a visit from the pastor, priest, or rabbi); practical assistance (baby-sitting, transportation, accompanying parents to appointments); counseling; educational services; and recreational and social outings, where a handicapped child and his or her family would be welcome.

7. *Placement.* There are a number of placement options. Placement can mean having a child living in an institutional setting, or placing him or her in a foster-care program, or arranging for respite care, where one weekend a month the child can stay outside the home. The decision to place a child can be very traumatic and should be discussed and investigated thoroughly with a social worker, counselor, or doctor.

THERAPY
PEDIATRICIAN
Community Agency
Rx

Suggested Activity 4

The professional presenter should:

- Ask participants to think about the community services they have used and share that information with the group.
- Pass out handout, "Community Services" (17-2).
- Allow five minutes to complete handout.
- Ask for a show of hands to indicate how many participants have used babysitting or day care.
- Ask for a volunteer to share the location of that babysitting or day-care service so other parents might find information.
- Continue down through the list of services on the handout, asking for a volunteer to provide information on each.
- Discuss the following questions:

1. Which services have been most valuable?

2. Which services have been the most easily accessible?

3. Which services have been the most difficult to obtain?

4. How did you hear about most of the services you obtained?

- End the activity with the thought that community services are available, but sometimes they are poorly dispersed so a family may have to travel from place to place to find them.

ADDITIONAL SUPPORT

1. *Parent organizations.* Parent organizations provide assistance to member families through mutual support and sharing. They also provide forums for learning about professional services and training for the handicapped child. Such organizations can be advocates in setting up community programs, and for acquiring available federal, state, and local funds. The parent can receive current information and literature in the field and keep abreast of trends and research.

2. *National organizations.* On the national level, associations provide lobbying and advocacy services in promoting legislation favorable to families of the handicapped. Their literature is usually extensive, and many pamphlets and brochures are available through the organization.

3. *Magazines and newspapers.* Many publications are available to parents through schools, local agencies, or public libraries. Many are written for parents by parents of handicapped children. Often there is a column for parents to write to one another about similar problems.

Suggested Activity 5

The professional presenter should:

- Tell participants thay they are going to see a videotape made by parents of handicapped children. The videotape, called *Normalization for Parents*, deals with the benefits of parent-support groups.
- Have videotape and audiovisual equipment ready.
  Show film (17 minutes).
- At the end of the videotape, tell participants that part of the small-group discussion will be to discuss the idea of parents helping other parents.
- End the activity with the thought that no one can cope with raising a handicapped child alone. Support is available through professionals, community services, and agencies, and from other parents and parent organizations.

17-1

DISCUSSION GUIDE: WORKING TOGETHER

(for presenter's use only)

Offer these suggestions about dealing with professionals to participants during the discussion period.

1. *Making appointments*. When calling for an appointment, tell the nurse or receptionist who referred you, what the problem is, and what your concerns are. Ask how long the examination will take, what tests may be run, and if you will be able to conference with the doctor afterward. Inquire about fees and insurance policies.

2. *Meeting with professionals*. If it is a first visit, the professional will probably ask many questions that have been asked before. You can be prepared with notes on the family history, on labor and delivery of the child, about early childhood development, about medical tests, and about other specialists that have been seen. Even though much of this information is in the medical record, asking the parent directly gives the doctor a chance to establish a rapport with the family.

3. *Asking questions*. Make a list of questions ahead of time and take it with you. Don't feel foolish taking the list out in front of the doctor. Leave a space on your paper to write in his or her answers or comments. Bring someone else with you to the appointment with the same list of questions. If you miss one, the other person can remind you. Or ask the doctor if you can tape his or her comments. After listening to the tape at home, you may think of questions for the next appointment. It should be noted that young children who are able to comprehend the questions and information at the follow-up conference should probably not be present. The parents then can cipher and adapt the information to the child's level.

4. *Reading medical reports*. Professionals usually will write up a report discussing the findings of all the evaluation procedures and the recommendations made. Parents should ask for copies of such reports because sometimes the written word provides a different perspective to parents trying to gain information.

5. *A second opinion*. If parents have any doubts about the professional's handling of the child's case, they should not hesitate to get a second opinion. It can serve as a check on the accuracy and validity of the first opinion and may enhance the parents' understanding of the child's problems. Parents should beware, though, of "shopping around" too much. If two or three doctors have been consulted and parents are still not satisfied, they may be looking for reassurance that no one can give, or they may be refusing to face the facts of the unpleasant situation.

COMMUNITY SERVICES

Directions: Check the number of community services you have used in the past or are now using in dealing with your child, then list where you have received or are receiving these services.

Service	Location of Service
_____ Babysitting and Day care	______________________________
_____ Legal services	______________________________
_____ Financial aid	______________________________
_____ Genetic counseling	______________________________
_____ Family counseling	______________________________
_____ Church support	______________________________
_____ Placement and/or hospitalization	______________________________
_____ Parent organizations	______________________________
_____ Preschools	______________________________
_____ Leisure/recreation	______________________________
_____ Other ____________________	______________________________
____________________	______________________________
____________________	______________________________

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental differences, personality differences, and so on).
- Describe your child's handicap and his or her current level of functioning.
- If you have nonhandicapped children, how do your experiences with physicians and other professionals compare with those that have to do with your handicapped child.
- Tell how many professionals you saw during the initial stages. How were you treated?
- Discuss if you felt at a loss to ask questions or felt like you were taking up too much of the doctor's time.
- Relate what techniques worked for you so you didn't feel so helpless at all the appointments.
- Tell some of the positive things that you look for as a parent working with a professional. Were you contacted or referred to any local agencies, or did you have to seek them out on your own?
- Were you assigned a social worker? How did you feel about that?
- Discuss the community services you have used in the past or are using now.
- Do you belong to any organizations or subscribe to any magazines or newsletters that are of help to you?
- In general, evaluate the services that have been available to you.

Other suggestions:

- Bring in a member of a local parent organization. Bring in a parent who has made use of a variety of professionals and community services.
- Bring in a social worker to talk about services in your community.
- Bring in a parent who has placed a child out of the home. Have the parent tell about the child, describe the handicapping condition, describe how they came to know the problem, tell how old the child is today, and discuss where the child is now functioning.

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see the activity is proceeding as planned.

The group leader should:

- Before starting activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to go over the handout, "Community Services" (17-2) to see if there are any questions and to survey the group's use of services.
- Ask if any participants are involved in parent organizations or if any have sent away for published information from national organizations.
- Pass out the handout, "Parent Support" (17-3).
- Ask participants to look over the list and make any additions for local contacts.
- Discuss the idea of "parents helping parents."
- Ask what kind of support the parents in the videotape received from each other.
- Discuss parents' problems in dealing with professionals. Are there ways that participants have found to feel more like a part of the team?
- At the end of the time period, hand out parent summary sheet and evaluation. Explain the "Yellow Pages Guide," shown on the parent summary sheet. Collect the evaluations.

PARENT SUPPORT

National Organizations

There are specific national organizations, with many local chapters, which are devoted to just about every kind of problem that exists. The following list might be of service to families with babies who are developing slowly.

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF, INC.
The Volta Bureau
1537 35th Street, N.W.
Washington, D.C. 20007

- An information center on deafness, with a complete list of preschool programs and other programs for the deaf. The center has the world's finest library on deafness and has educational programs for parents of deaf children.

AMERICAN FOUNDATION FOR THE BLIND
Box FH, 15 West 16th Street
New York, NY 10011

- Concerned mostly with blind people of potentially normal intelligence, though it may be helpful in locating resources for multihandicapped blind youngsters in the United States and Canada.

AMERICAN SPEECH AND HEARING ASSOCIATION
9030 Old Georgetown Rd.
Washington, DC 20014

- Provides information on evaluation and treatment centers for people with speech and/or hearing disorders.

ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES
(formerly the Association for Brain-Injured Children)
2200 Brownsville Rd.
Pittsburgh, PA 15210

- The coordinating agency for the state and local associations of the same name; also has reading lists for parents of children with minimal brain dysfunction.

COUNCIL FOR EXCEPTIONAL CHILDREN
1411 South Jefferson David Highway, Suite 900
Arlington, VA 22202

- Concerned with all children who are "exceptional" in the sense of being different from the average child.

EPILEPSY FOUNDATION OF AMERICA
1828 L Street, N.W.
Washington, D.C. 20036

- A referral and coordination agency for all local services for people with epilepsy; also very involved with public education, publishing many pamphlets and booklets on epilepsy.

MUSCULAR DYSTROPHY ASSOCIATIONS OF AMERICA, INC.
1790 Broadway
New York, NY 10019

- Concerned with research into the cause and cure of muscular dystrophy; through local affiliates, offers educational, recreational, medical, and social services to the dystrophic patient and his or her family.

NATIONAL ASSOCIATION FOR AUTISTIC CHILDREN
621 Central Avenue
Albany, N. Y. 12206

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
420 Lexington Avenue
New York, NY 10017

- The coordinating agency for all the state and local associations that service the mentally retarded; also keeps up-to-date lists on diagnostic centers in all the states and publishes fact sheets and booklets on mental retardation; local chapters run programs such as nurseries, sheltered workshops, recreation programs, and counseling services for the retarded person and his or her family.

NATIONAL EASTER SEAL SOCIETY FOR CRIPPLED
CHILDREN AND ADULTS
2023 West Ogden Avenue
Chicago, IL 60612

- Through local affiliates, offers consultation, information, and referral services to physically disabled children and adults.

NATIONAL FOUNDATION - MARCH OF DIMES
Public Education Department
Box 2000
White Plains, NY 10602

- Concerned with birth defects, their prevention and treatment; keeps an up-to-date list of genetic counselling centers throughout the United States.

NATIONAL SOCIETY FOR THE PREVENTION
OF BLINDNESS
79 Madison Avenue
New York, NY 10016

- Works with all kinds of community agencies to plan sight-conservation programs; sponsors research in eye diseases causing blindness.

PLANNED PARENTHOOD
Box S, 810 Seventh Avenue
New York, NY 10022

- Referral service for information on sterilization, abortion, and birth control.

PRESIDENT'S COMMITTEE ON MENTAL RETARDATION
Washington, D.C. 20201

- A clearinghouse for information on mental retardation services across the country; publishes many pamphlets on mental retardation; is doing much in the way of public education about this handicap.

SOCIAL SECURITY ADMINISTRATION
Baltimore, MD 21235

- Has information concerning social security benefits for the handicapped. All questions are generally handled by local district offices, listed in all telephone directories under the heading, "United States Government, Department of Health, Education and Welfare."

UNITED CEREBRAL PALSY ASSOCIATION, INC.
66 East 34th Street
New York, NY 10016

- A clearinghouse for information pertaining to cerebral palsy; also provides local services, such as nursery programs, physical therapy, and speech therapy.

Legal Services

WESTERN LAW CENTER FOR THE HANDICAPPED
849 So. Broadway
Los Angeles, CA 90014

LEGAL AID FOUNDATION SPECIAL EDUCATION UNIT
1550 Western Street
Los Angeles, CA 90017

California Regional Centers

ALTA CALIFORNIA REGIONAL CENTER
4010 El Camino Avenue
Sacramento, CA 95821
(916) 481-6101
Serving: Alpine, Colusa, Nevada, El Dorado, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba counties

HARBOR REGIONAL CENTER FOR DEVELOPMENTALLY DISABLED CITIZENS, INC.
20620 So. Leapwood Avenue
Carson, CA 90746
(213) 323-3030
Serving: Health districts of Los Angeles County: Bellflower, Harbor, Long Beach, Torrance.

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CENTRAL VALLEY REGIONAL CENTER
567 West Shaw Ave., Suite B 160
Fresno, CA 93704
(209) 227-3535
Serving: Fresno, Kings, Madera, Mariposa, Merced, Tulare counties

CHILDREN'S HOSPITAL OF LOS ANGELES REGIONAL CENTER
4650 Sunset Blvd.
Los Angeles, CA 90027
(213) 660-2740
Serving: Health districts of Los Angeles County: Central, Glendale, Hollywood-Wilshire, Pasadena

REGIONAL CENTER OF THE EAST BAY
Latham Square Bldg.
508 Sixteenth St. - Room 1200
Oakland, CA 94612
(415) 451-7232
Serving: Alameda and Contra Costa counties

EASTERN LOS ANGELES REGIONAL CENTER
801 South Garfield Avenue
Alhambra, CA 91801
(213) 570-8620
Serving: Health districts of Los Angeles County: Alhambra, East Los Angeles, Northeast, Whittier

FAR NORTHERN REGIONAL CENTER
2400 Washington, Suite 301
Redding, CA 96001
(916) 243-4791
Serving: Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity counties

GOLDEN GATE REGIONAL CENTER
346 Ninth Street
San Francisco, CA 94103
(415) 864-0070
Serving: San Francisco, Marin, San Mateo counties

INLAND COUNTIES DEVELOPMENTAL DISABILITIES SERVICES
814 North Arrowhead
San Bernardino, CA 92412
(714) 888-6631
Serving: Inyo, Mono, Riverside, San Bernardino counties

KERN REGIONAL CENTER
3509 Union Avenue
Bakersfield, CA 93303
(805) 327-8531
Serving: Kern County

LOMA PRIETA REGIONAL CENTER
232 East Gish Road
San Jose, CA 95112
(408) 275-8590
Serving: Monterey, San Benito, Santa Clara, Santa Cruz counties

NORTH BAY REGIONAL CENTER
1700 Second Street
Napa, CA 94558
(707) 252-0444
Serving: Napa, Solano, Sonoma counties

NORTH COAST REGIONAL CENTER
413 North State Street
Ukiah, CA 95482
(707) 462-3832
Serving: Del Norte, Humboldt, Mendocino, and Lake counties

NORTH LOS ANGELES COUNTY REGIONAL CTR.
14602 Victory Blvd.
Van Nuys, CA 91411
(213) 997-1311
Serving: Health districts of Los Angeles County: East Valley, San Fernando, West Valley

REGIONAL CENTER OF ORANGE COUNTY
1215 West La Veta Avenue
Orange, CA 92668
(714) 997-3000
Serving: Orange County

SAN DIEGO REGIONAL CENTER
8001 Frost Street
San Diego, CA 92123
(714) 565-1511
Serving: Imperial and San Diego counties

SAN GABRIEL VALLEY REGIONAL CENTER
250 E. Harrison Avenue
Pomona, CA 91767
(714) 593-7595
Serving: Health districts of Los Angeles County: Claremont, Diamond Bar, La Verne, Pomona, San Dimas

SOUTH CENTRAL LOS ANGELES REGIONAL CTR.
4211 South Avalon Boulevard
Los Angeles, CA 90011
(213) 232-2321
Serving: Health districts of Los Angeles County: Compton, San Antonio, South, Southeast and Southwest

TRI-COUNTIES REGIONAL CENTER
22 West Micheltorena
Santa Barbara, CA 93101
(805) 963-6717
Serving: San Luis Obispo, Santa Barbara, Ventura counties

VALLEY MOUNTAIN REGIONAL CENTER
850 North Hunter Street
Stockton, CA 95202
(209) 948-0636
Serving: Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne counties

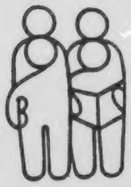
WESTERN REGIONAL CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
11300 South La Cienega Blvd.
Inglewood, CA 90304
(213) 670-7715
Serving: Health districts of Los Angeles County: Inglewood and Santa Monica

Government Publications

Closer Look is a newsletter providing up-to-date information from the Bureau of Health, Education and Welfare. It is oriented toward the needs of families with developmentally disabled, or otherwise handicapped, children. If you wish to receive copies of the newsletter, write *Closer Look*, Box 1492, Washington, D.C. 20013.

Exceptional Parent magazine is devoted to the needs and interests of those who live with a child or a young adult who has special needs and problems. If the magazine is not available at your local library, you may wish to subscribe to it. Write to *Exceptional Parent, Room 700, Statler Office Building, 20 Providence Street, Boston, MA 02116.*

Parent Summary Sheet



Community resources and services are lifesavers to the parent of a handicapped child. However, at times, parents are at a loss as to the kinds of services available to them. Technical jargon can also be a deterrent to parents seeking help. Parents need to know where to find the services they need and can find help by checking the table below.

YELLOW PAGES GUIDE TO PROFESSIONAL AND COMMUNITY SERVICES

Who They Are	How to Contact
Audiologist	1, 2, 3, 4
Director of Special Education	6, 8, 9
Neurologist	1, 2, 3, 4
Occupational Therapist	3, 4, 8
Ophthalmologist	1, 2, 3, 4, 5
Optometrist	1, 3, 4, 5
Orthopedic Specialist	1, 3, 4
Pediatrician	2, 3, 4, 5, 7
Physical Therapist	3, 4, 8, 9
Psychiatrist	1, 4, 11
Psychologist	4, 6, 10, 11
Social Worker	4, 6, 10, 11, 16
Speech Therapist	3, 4, 8, 9
Babysitting and Day care	4, 6, 7, 10, 13, 15
Legal advice	4, 5, 10, 12, 16
Financial aid	5, 10, 11, 12, 16, 17
Counseling	1, 4, 5, 6, 10, 11, 13, 16
Genetic counseling	1, 3, 4, 12, 16
Placement	1, 5, 8, 10, 12, 13, 16

Code

1 - Family doctor
2 - School nurse
3 - Local hospital
4 - Yellow Pages under person's title or heading
5 - Public Social Services or your city or county
6 - Local school
7 - Trusted neighbor or friend
8 - Special education director of your city or county school district
9 - Special education teacher
10 - Social services and welfare organizations
11 - City or county mental health services
12 - Parent group
13 - Local church
14 - YMCA
15 - Ads in newspaper
16 - Regional Center for the Developmentally Disabled
17 - Children's Home Society

Parents can find additional support through parent organizations, national organizations, and magazines and newspapers.

MEETING WITH PROFESSIONALS

When meeting with persons involved in an agency, it may be helpful to:

1. *Make an appointment.* Go to the appointment, and find out what services are offered, how much they cost, and related information.

2. *Ask questions.* Make a list of questions you have to ask the physician or service person.

3. *Get reports.* Ask for a copy of the professional's report so you have a written reference as well as a verbal understanding.

4. *Get a second opinion.* If you have any doubts or concerns, ask for another professional's viewpoint.

SUGGESTED READINGS

Attwell, Arthur, and D. A. Clabby. *The Retarded Child: Answers to Questions Parents Ask.* Los Angeles, CA: Western Psychological Services, 1975. Provides information to aid in decision-making about the retarded child and the family. Benefits of home life, institutional life, and foster home placements are compared.

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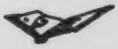
Books



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Institute for Parent Involvement. *Strategies for Effective Teacher Training.* Albuquerque, NM: University of New Mexico Press, 1979.

Audiovisual Materials

If You Knew April. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD. Videotape, 28 minutes.
A child slips away from group interaction. Mother doesn't go along with the experts' advice, while the father thinks experts can never be wrong.

Neighbors and Friends. From "Special Need, A Special Love: Children with Handicaps, Families Who Care" Set 1: Support from the Family. Parents Magazine, Inc. Filmstrip, audiocassette.
Stresses the importance of community acceptance and support, allowing the handicapped child to live as normal a life as possible.

There Comes a Time. Footstep Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood St., Baltimore, MD. Videocassette, 28 minutes.
Childcare center is closing. Parent explores alternatives for establishing a new center and attempts to work with community organizations.

5

What's an I.E.P.?: Understanding the Individualized Education Program (Referral to Placement)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To pretest participants' knowledge of educational rights for handicapped children.	449	10 minutes
Professional Presentation	To become familiar with federal and state legislation that mandates special education. To be aware of the steps in the IEP (Individualized Education Program) process. To be aware of due-process alternatives.	451	40 minutes
Parent Presentation	To discuss the personal experience of a parent using the IEP process for child's education.	471	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To discuss the importance of the IEP process in educational planning.	472	40 minutes

Overview

In the past decade, the rights of students and parents in the school setting have increased tremendously. This increase has resulted from historic state and federal legislation creating new human rights and from landmark Supreme Court decisions augmenting old rights.

Every handicapped child has the right to a free and appropriate education. The development of an Individualized Education Program (IEP) is the primary way of assuring that a special child's needs will be met. Legislation currently guarantees that parents can exercise due process if they are dissatisfied with their child's educational program.

Parents who have a clear understanding of the IEP process can utilize their rights by assisting in planning essential programs for their children.

Introductory Activity

The professional presenter should:

- Tell participants they are going to be pretested on their knowledge of parents' rights and responsibilities concerning their child's education.
- Pass out the handout, "Pretest: Parents' Rights and Responsibilities."
- Allow five minutes to complete pretest.
- At the end of the time period, tell participants that the professional presentation will address these pretest topics and will provide answers later.
- End the activity with the thought that there are many special-education guidelines and provisions regulating a handicapped child, and parents have the responsibility to learn about them.

PRETEST: PARENTS' RIGHTS AND RESPONSIBILITIES

Directions: Read the following statements and answer T for true and F for false:

______ 1. Your local school district is required by law to provide a free public education for all handicapped persons from three to twenty-one years.

______ 2. Only a doctor or professional can refer a child to the school district's special education department.

______ 3. Parents must be notified of meetings to determine special placement for their child.

______ 4. Education for handicapped children must be provided free of charge, but parents are responsible for transportation to and from school.

______ 5. One of the IEP's (Individualized Education Program) functions is to state what services will be provided to the child.

______ 6. The IEP is written when the child enters in a special education program and is renewed every other year.

______ 7. "Least restrictive environment" means that all children should be in regular education classrooms.

______ 8. Students' records are confidential and parents do not have the right to examine them except under court order.

______ 9. Parents should "go right to the top," namely to the State Superintendent of Public Instruction, whenever they have a problem with their child's IEP.

______ 10. Your local school district must tell parents about resources for free or low-cost legal aid if a parent is pursuing a fair hearing.

Professional Presentation

The professional presenter should:

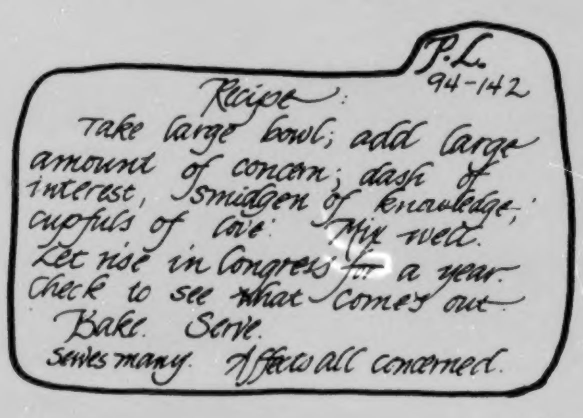
- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with the information from your own experience.
- Arrange for any audiovisual materials, supplies, and room equipment.
- Obtain an overhead projector and make overhead transparencies.
- Show overhead transparencies, 18-1 through 18-5, as indicated in professional presentation text.

MAJOR PROVISIONS OF LAWS

Federal Law (PL 94-142)

Parents and handicapped children have certain legal rights. (Presenter: Show overhead transparencies 18-1 and 18-2.) The Education for All Handicapped Children Act of 1975 (PL 94-142) is a federal law that mandates and affirms the right of all children to an education. It sets forth the national policy that education must be extended to handicapped children as their fundamental right. This law is based on the premise that all individuals must be educated in order to become self-sufficient and to survive in society. (Presenter: Show overhead ptransparency 18-3.) PL 94-142 states the following:

1. A free and appropriate public education shall be provided to all handicapped children, ages three to twenty-one.
2. Each person with exceptional needs is guaranteed a culturally unbiased, valid assessment by a multidisciplinary team.
3. Eash person with exceptional needs is to have an Individualized Education Program (IEP) developed especially for his or her special problems.
4. East person with exceptional needs is to be placed in the least restrictive environment based on individual needs.
5. Due-process procedures have been established to ensure parent and child rights.



P.L.
94-142

Recipe:
Take large bowl; add large
amount of concern; dash of
interest, smidgen of knowledge;
cupfuls of love. Mix well.
Let rise in Congress for a year.
Check to see ~~what~~ comes out.
Bake. Serve.
Serves many. Affects all concerned.

State Law (SB 1870)

The State of California passed into effect a state law that calls for the implementation of the federal law PL 94-142. The California Education Code was amended to include plans for a Master Plan for Special Education.

The Master Plan is a plan for implementing special education services for individuals with exceptional needs. The primary goal of the Master Plan is to provide a free and appropriate education to individuals with exceptional needs in the least restrictive environment. The "least restrictive environment" is that placement or program that can best meet the individual student's needs and that can do so with a minimum loss of contact with regular programs. The intent is to place the child with exceptional needs in a program as close to regular school programs as possible, while giving consideration to the needs of both exceptional and regular students. Specific legislation has been passed to implement the concepts of the Master Plan.

CHILDREN WITH SPECIAL NEEDS

According to federal law, a "person with exceptional needs" refers to a person with one or more of the following handicapping conditions in varying degrees of severity.

Deaf
Deaf-blind
Hard-of-hearing
Specific learning disabilities
Speech impaired
Visually handicapped
Orthopedically impaired
Mentally retarded
Other health impaired
Serious emotional disturbance

School personnel are responsible for identifying children who may have special needs. Identification may also come from parents, doctors, community agencies, or any concerned individual.

STEPS TO SPECIAL EDUCATION PLACEMENT

In order to determine whether a child is a candidate for a special education program, the following six steps are taken. (Presenter: Show overhead transparency 18-4.)

1. *Identification and referral.* Community agencies, school personnel, doctors, and parents can initiate the referral of a child to special education.

2. *Assessment.* After a child has been identified and referred for possible special education services, the parent is asked to give permission for assessment. If the parent agrees to the assessment plan, the school team will gather information about the child. The techniques used include observation, testing, review of records, interviews, conferences, and so on. If the information presented is considered incomplete, the parent may ask for a more in-depth study or may arrange for assessment by private sources.

3. *Decisions.* After the appropriate personnel have completed their assessments, parents are invited to attend an Individualized Education Program to hear the findings presented, to discuss and to decide whether or not the child needs special education services, and if so, to decide what kind of services are necessary. If the child is found eligible for a special education program, and the parent agrees, an Individualized Education Program (IEP) is written. If the child is found to be not eligible, the parent has the right to request a review by a central school agency and use due-process procedures.

4. *Developing the Individualized Education Program (IEP).* The development of the IEP is the most important step in the entire process because this written plan determines what services will be provided to the child.

   The IEP is:

   -A plan written for *every child* who receives special education services.
   -A plan developed at a *meeting* in which parents are invited to participate. The meeting must be held at a mutually convenient time and place.
   -A plan written for one year that must be *reviewed at least once a year*. Parents and teachers may request a review at more frequent intervals.
   -A document that links the student with special education and the services that he or she requires.
   -A statement of what will be provided for the child, *not* a contract.
   -A blueprint for ongoing instructional planning in the classroom, *not* a lesson plan.

The IEP must include the following information:

- Student's present level of educational performance or functioning:
  -Statements of what the child *can and cannot do*--the skills the child has mastered and what he or she needs to learn next. These statements must be based on assessment information.

-A description of the way the child performs, not merely a report of test scores. For example, the description would indicate whether the child can feed himself or herself unassisted; whether the child recognizes colors; and so on.

- Educational goals for the student:

  -A list of skills and/or behaviors the teacher and student will be striving for during the next year, stated in a positive, action-oriented way.

  -Goals written for one year in areas where the child requires specific help. For example, such goals might include mastering different skills, such as (1) pre-academic or academic skills (matching colors, counting); (2) motor skills (riding a bike, climbing stairs); (3) language skills (vocabularly, own oral communication); (4) self-help skills (eating, dressing, shopping); and (5) social/emotional skills (sharing, making friends, trying new things, saying, "Thank you").

- Instructional objectives for the student:

  -Objectives written for each goal so that they may serve as a guide for planning and carrying out learning activities in the classroom.

  -The steps that must be taken to reach the goal.

- Special education programs and services:

  -What will be provided to meet the child's learning needs, such as speech therapy, counseling, adaptive physical education, and vocational education.

- Placement:

  -The type of program, special services, or class(es) the child will receive.

- Persons responsible for delivering the program:

  -A list that includes names or roles (resource specialist, adaptive physical education teacher, and so on).

- Evaluation:

  -The measure of student progress that will be obtained.

  -How it will be determined if the student has met the objectives set for him or her.

  -The date when the IEP will be reviewed.

- Extended school-year services, when needed, as determined by the appropriate IEP team.

- For limited- or non-English-speaking students, the IEP should document linguistically appropriate goals, objectives, programs, and services.

5. *Placement.* Once the special needs of the child have been identified and an Individualized Education Program (IEP) developed, placement must be offered as soon as possible at the closest, most appropriate school site available. Transportation will be provided when needed. Placement in a nonpublic school at no cost to the parents is another alternative if the child's needs cannot be met through available public school programs.

6. *IEP review.* At least once a year, a meeting will be held to review the child's progress, evaluate the effectiveness of his or her program, and make any necessary changes in the program. Every three years a complete reassessment is conducted. The same rights, procedures, and responsibilities apply at these meetings as at the original meeting. If at any time parents believe a major change should be made in their child's IEP, they may request a special meeting to consider the change. Parents are members of this team, have rights and responsibilities to participate in the planning, and must give their consent in writing before any changes are made.

LEAST RESTRICTIVE ENVIRONMENT*

As the critical issue of the right-to-education for the handicapped began to emerge in this country, the word "mainstreaming" came into popular usage as a method of implementing that concept. The word has many and varied definitions, but it is generally accepted to mean the placement of handicapped students in regular classrooms. Many persons mistakenly assume that under current legislation, all children with exceptional needs are to be served in regular programs.

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*From a policy statement developed and written by the Commission on Special Education and adopted by the State Board of Education, June 1978.

The word "mainstreaming" does not appear in the Master Plan. The phrase used is "least restrictive environment." This concept has been operating for certain groups of special children over the past 30 years. It has often been termed "integration" or "normalization." The time has now come to extend its proven benefits to all handicapped children.

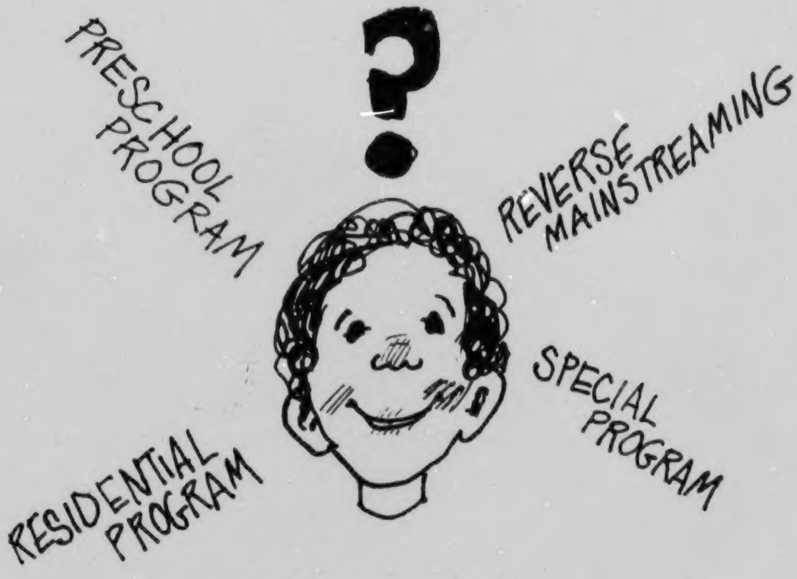
"Least restrictive environment" means that to the maximum extent *appropriate,* handicapped children, including children in public or private institutions, are educated with children who are not handicapped. This implies a continuum of services ranging from the regular program to a full-time, residential placement.

A child would be removed from the regular environment only when the nature of the handicap is such that education in regular classes, with the use of special education and related services, cannot be achieved satisfactorily.

Each handicapped individual shall participate in nonacademic, extra curricular services and activities, including meals and recess periods, to the maxium extent appropriate for that child.

PROGRAM OPTIONS FOR YOUNG CHILDREN

For the young, handicapped child, the program options are outlined below. This continuum of services is taken from *Handicapped Infant and Preschool Childrens' Program Guidelines,* prepared under the direction of Office of Special Education, California State Department of Education, 1981.



PROGRAM OPTIONS

Program	Description	Suitability
1. Regular program	A regular program in which one or more exceptional children participate.	These programs often have made some modifications to include children with special needs. With appropriate modifications and support services, these programs are frequently the best choice for the young, exceptional child.
2. Regular Special program program "Blend"	Any of several shared arrangements between regular and special education programs or services.	Children whose handicap demands an environment with more modifications than can be provided by the regular program may profit from these programs and services with advantages of role-modeling opportunities and learning stimulation.
3. Special program "Reverse mainstreaming"	A reverse mainstream model in which some nonhandicapped children are brought into a special educational setting.	This design serves children with needs similar to Program 2. It may make it possible to combine a specially designed and tailored physical facility with the wider range of social experiences.
4. Special Special program program "Cross-categorical special classes"	Any of several types of cross-categorical special education programs in which there are children with different kinds of handicaps but common needs.	Cross-categorical classes can provide some of the diversity of social experiences of a regular classroom for the child whose needs are best met in a special education setting.
5. Special program	Self-contained special education program serving children with common learning needs.	These programs may be appropriate for children whose needs can best be met by the extensive use of special techniques, materials, and services.
6a. Residential programs	Programs in a residential setting outside of the home.	For some children, at some time in their lives, the intensity and safety of a residential program may be necessary.
6b. Residential programs	Individualized programs for hospitalized children.	Because of a child's disability, it may be appropriate to maintain a child in a hospital setting.
7a. Home programs	Parents as primary-change agents. Additional children might be included.	Home-based programs are often appropriate for infants and children living great distances from school.
7b. Home/center programs	Child has both center program and home visits scheduled according to need.	Some urban programs may also want to consider home programs. In them, family education and participation are paramount.

NOTE: This table illustrates most of the numerous options or types of placements that the assessment committee may consider when prescribing an Individualized Educational Program (IEP) and selecting the most appropriate program for a child. Program options 1 through 6 are listed in order of restrictiveness. Options 7a and 7b might fall in several places on this continuum.

Suggested Activity 1

The professional presenter should:

- Distribute handouts, "Related Special Education Services" (18-6) and "Worksheet for Related Special Education Services" (18-7).
- Discuss the related services listed (in the first handout (18-6). Indicate that these services may be listed on a child's IEP.
- Ask participants to indicate which of the services their child will be receiving. Tell them to indicate the educational purpose of each service in the appropriate column on the second handout (18-7).
- Survey the participants to determine which services are being utilized by the group.
- End the activity by noting that these services are part of the child's IEP and are services provided by the school district when there is a demonstrated need.

DUE PROCESS

The term "due process" has a special meaning to parents of children with exceptional needs. In special education, due process is a legal way of saying that certain principles and practices exist and must be respected in order to insure that each child is treated in a manner that guarantees his or her rights to equal education opportunities.

Due process insures that specific procedures and timelines are followed when and if significant changes or accommodations are made in a child's educational program. Due process is guaranteed by the Constitution of the United States. It serves as a safeguard, so that every individual has the means of protecting and asserting his or her own rights.

The Closer Look Report, a publication of The Parents Campaign for Handicapped Children and Youth, offers parents a "quick review to keep in mind the main steps involved in due process" which ran in one of their issues.*

"Each of these steps reinforces your right to stay on top of decisions about your child.

1. You must receive notice in writing before the school system takes (or recommends) any action that may change your child's school program. Notice in writing is also required if a school refuses to take action to change your child's program.
2. You have the right to give--or withhold--permission for your child to be: tested to determine whether or not he requires special education services (identification); evaluated by specialists to determine what his educational needs are (evaluation); placed in a specific school program to meet his needs (placement).

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* From *The Closer Look Report,* Box 1492, Washington, D. C. 20013.

3. You have the right to see and examine all school records related to the identification, evaluation and placement of your child. If you find that certain records are inaccurate or misleading, you have the right to ask that they be removed from your child's file. Once removed, they may *not* be used in planning for your child's placement.
4. If you do not agree with the school's course of action at *any* point along the way, you have the right to request an impartial due process hearing. This means that you can initiate a hearing to protest any decision related to identification, evaluation or placement of your child.
5. If you fail to win your case, you have the right to appeal the results of the due process hearing to the State Department of Education; and you can appeal to the courts if you lose your case at the state level.

Calling for a due process hearing is your right, but remember that is can be an exhausting process. Before going this route, be sure you have tried to settle differences through every other means--by being as persuasive as possible in meetings with teachers, the principal, special education administrators. If you know that you're up against a brick wall, and you're sure that a due process hearing must be held to resolve conflicting points of view, then you must prepare your case as thoroughly as possible. Be sure to get help from an advocacy group or a lawyer who is familiar with education law and procedures in your state, or an experienced parent. (According to law, the school system must tell you about sources of free or low-cost legal aid. Ask for this information.)

Know your rights at a hearing.

- The hearing officer must be impartial, may not be employed by the school district or involved in the education of your child.
- You have the right to legal counsel (which includes the advice and support of any advocate, not necessarily a lawyer); to examine witnesses; present evidence; ask questions of school spokespeople; obtain a record of the hearing and all of its findings.

Write directly to the Superintendent of Schools in your district to request a hearing. Hearings must be held not later than 45 days after requested. State Departments of Education must review appeals within 30 days."

Suggested Activity 2

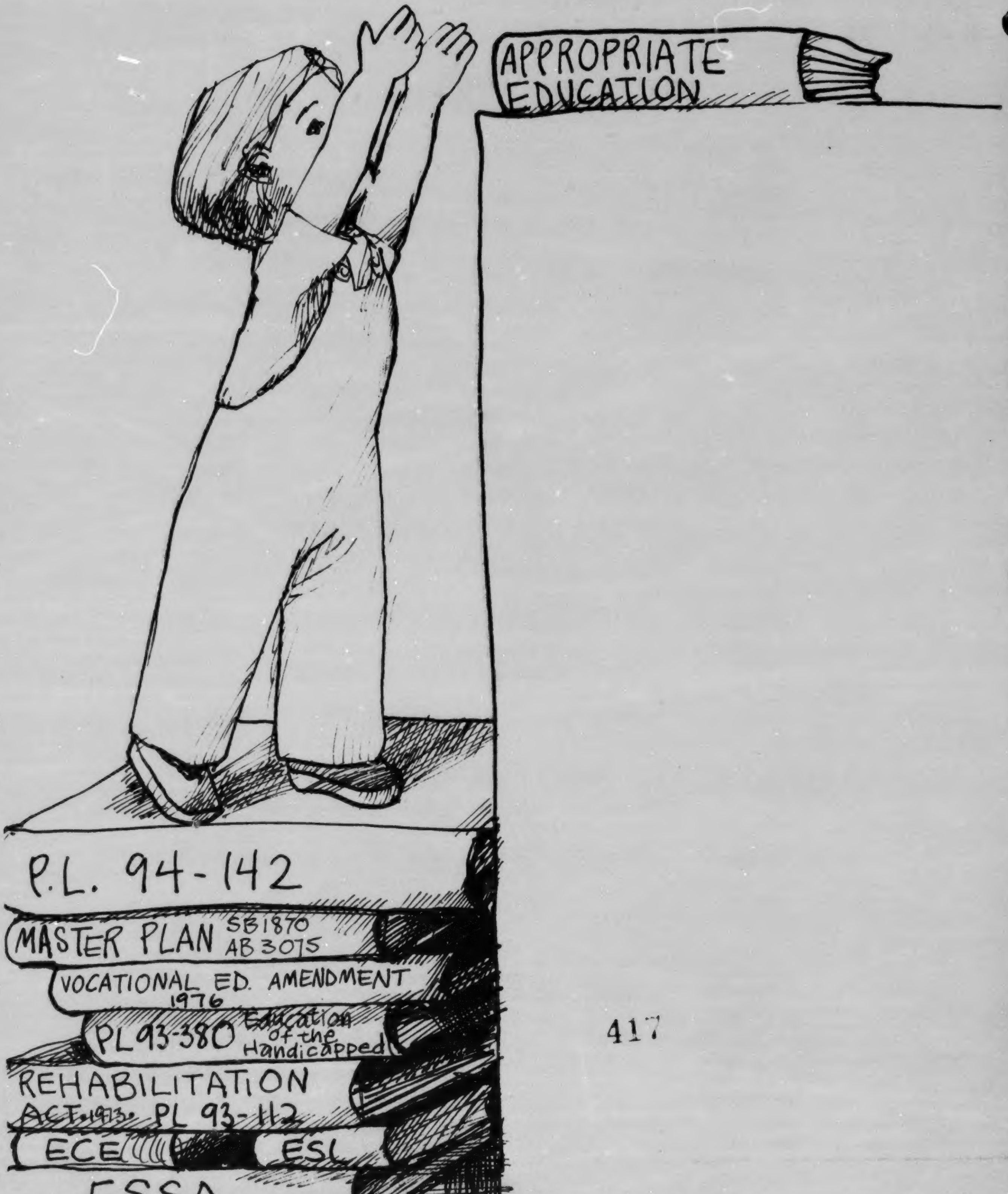
The professional presenter should:

- Tell participants that they are going to look over a scenario in which there is a possible conflict situation.
- Ask them to look for possible violations of rights for parents and children in the special education system.
- Pass out handouts, "Is It Legal?" (18-8).

- Allow five to ten minutes to read and complete handout.
- At the end of the time period, ask for volunteers to give possible violations in the scenario. List them on the board.
- Discuss each answer as you write on the board.
- When sufficient answers have been given, move on to the next part of handout 18-8 where participants can write steps to take if a problem arises.
- Brainstorm with participants about what steps parents should take if a problem arises regarding their child's education. (Presenter: Refer to "Steps to Take if a Problem Arises," 18-9 for discussion material.)
- Have participants write suggestions on handout 18-8 as discussion is carried out.

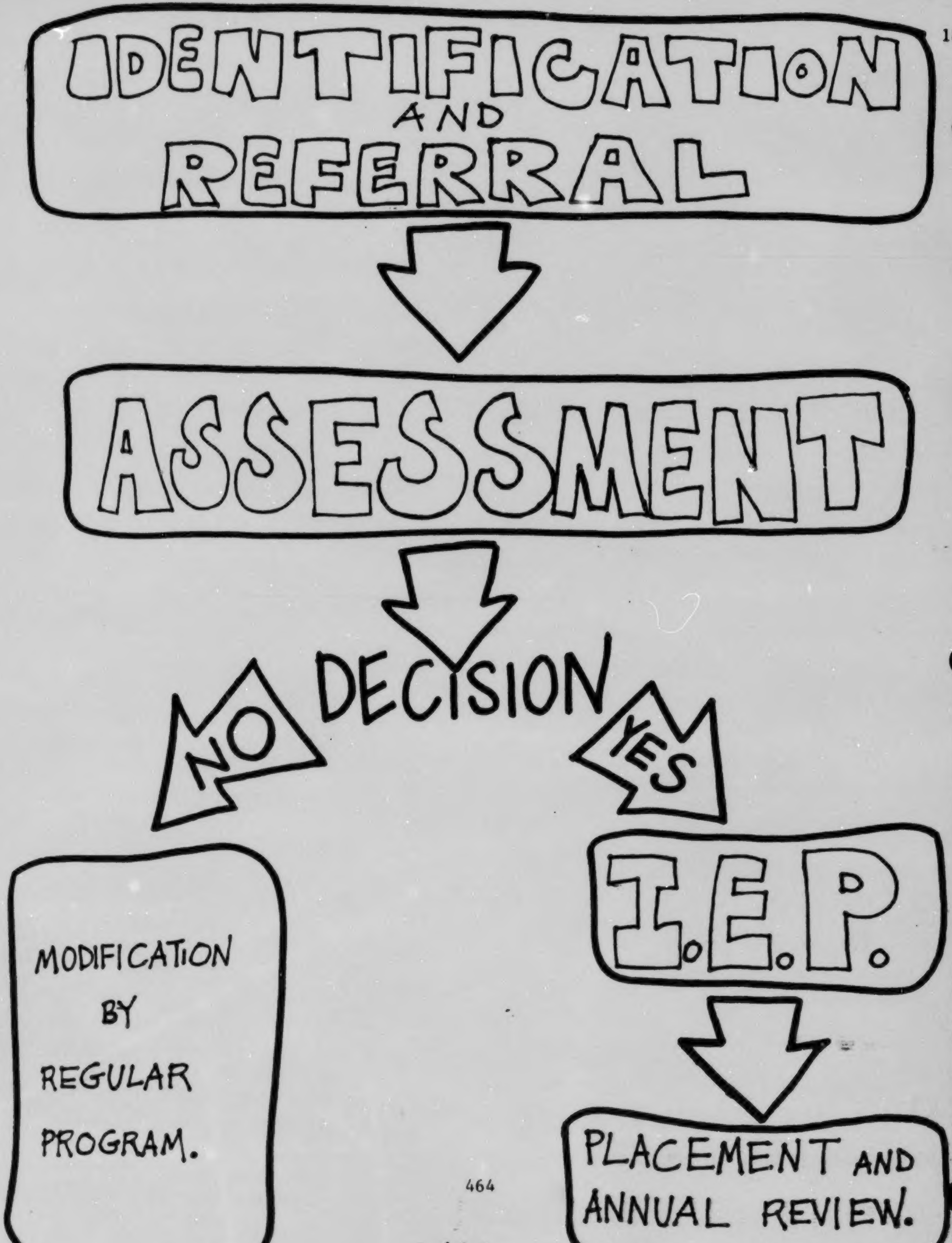
A CLOSER LOOK AT-

FEDERAL & STATE LAWS AND REGULATIONS


APPROPRIATE EDUCATION
P.L. 94-142
MASTER PLAN SB1870 AB 3075
VOCATIONAL ED. AMENDMENT 1976
PL93-380 Education of the Handicapped
REHABILITATION ACT 1973 PL 93-112
ECE
ESL
ESSA

MAJOR PROVISIONS OF P.L. 94-142:

- Free, appropriate, public education for all handicapped individuals, ages 3-21.
- Non-biased assessment.
- Individualized Education Program for special needs.
- Services provided in the least restrictive environment.
- Guaranteed rights of parents and students.


IDENTIFICATION AND REFERRAL
ASSESSMENT
DECISION
NO
YES
MODIFICATION BY REGULAR PROGRAM.
I.E.P.
PLACEMENT AND ANNUAL REVIEW.

PROGRAM OPTIONS FOR YOUNG CHILDREN

Residential Program

Special Program

Special Program — Special Program

"Reverse Mainstreaming"

"Blend"

Regular/Special Program

Regular Program

Alternative - Home program or
Home-center programs.

RELATED SPECIAL EDUCATION SERVICES

When thinking about the kinds of services that the school district can provide to help the child, the parent should be aware of the designated instruction and services that are available to all special education students. These services may be provided by the regular classroom teacher, the special day-class teacher, or the resource specialist (if they are competent to do so and if it is feasible for them to provide such services). If not, an appropriate specialist shall provide the following:

1. *Adaptive physical education.* Provides individual and small-group instruction, in a modified physical education program, to meet individual student needs in the development of motor skills, physical fitness, self-image, social and emotional stability, and physical activity recreation interests.

2. *Daily living skills.* Encourages preparation and productive participation in home and school environments, and in communication skills. Training includes cooking, dressing, grooming, shopping, and using public transportation.

3. *Health nursing services.* Offers nursing intervention to prevent, correct, or normalize health or physical conditions that interfere with a child's learning.

4. *Hearing itinerant.* Includes directing of rehabilitative, therapeutic, or educational management of hearing-impaired students. Consultation services are provided to parents, teachers, or other personnel in the management of an individual's hearing disorder.

5. *Home teacher.* Provides individual and small-group instruction for students confined to home and/or hospital.

6. *Language, speech, and hearing.* Offers specialized instruction in, and the direction of, rehabilitative, therapeutic, or educational management for individuals with disorders of language, speech, and/or hearing.

7. *Orientation and mobility training.* Provides individual support services to visually handicapped students. Training enables student to have safe, effective access to school and community facilities.

8. *Occupational therapy.* Offers consultation or direct therapy service provided by a registered occupational therapist.

9. *Physical therapy.* Offers consultation or direct therapy service provided by a certified physical therapist.

10. *PH-DIS.* Provides tutoring, health management, counseling, and consultation with staff and family. Transportation needs are also met. PH-DIS refers to designated instruction and services available to the physically handicapped child.

11. *Psychological services.* Provides psychological counseling, consultation, planning, and managing and implementing programs to meet an individual's psychological needs.

12. *SDL/itinerant.* Serves the student whose handicap is a severe disorder of language and who is in need of specific intensive language therapy involving language communication skills (listening, speaking, reading, spelling, and writing).

13. *Visual therapy.* Provides consultation in visual strategies for classroom teachers. Individual visual therapy will be vendorized if necessary after a physician reviews the assessment data.

14. *Visual itinerant.* Provides individual supportive services to the visually handicapped student and the student's teacher. Specially prepared instructional materials are made available and consultation service is given.

WORKSHEET FOR RELATED SPECIAL EDUCATION SERVICES

Directions: In the column at left, check the services that are included in your child's IEP. In the column at right, indicate for what educational purpose each service is provided.

	Service	Purpose
______	Adaptive Physical Education	____________________
______	Daily Living Skills	____________________
______	Health Nursing Service	____________________
______	Hearing Itinerant	____________________
______	Home Teacher	____________________
______	Language, Speech, and Hearing	____________________
______	Orientation and Mobility Training	____________________
______	Occupational Therapy	____________________
______	Physical Therapy	____________________
______	PH-DIS (Physically Handicapped)	____________________
______	Psychological Services	____________________
______	SDL/Itinerant (Severe Disorder of Language)	____________________
______	Visual Therapy	____________________
______	Visual Itinerant	____________________

IS THIS LEGAL?

Mrs. Lawrence stopped at Bobby's school to drop off a field trip permission slip. Bobby, five years old, had been in a special day class for severely handicapped children. When Mrs. Lawrence went to the classroom where she thought Bobby was attending, the teacher told her Bobby had moved to a different class. Mrs. Lawrence went to the office to get more information about the transfer. She discovered Bobby was now in a classroom for communicatively handicapped children at that same school. When Mrs. Lawrence talked to the principal, he explained that some testing had been done and the teachers involved felt this was a better class for Bobby.

Mrs. Lawrence requested to see the test results. She was told that they were not available to her but was reassured that they were kept confidential. Mrs. Lawrence insisted upon seeing her child's permanent record. Upon reading it, she found reports that labeled her child as "stubborn and incorrigible" and referred to her as a "negligent and uncaring parent." She requested that those reports be removed, but the principal said he didn't have the authority to remove such reports from student records. Were the rights of Mrs. Lawrence and Bobby being violated?

List possible violations of rights.

1. ____
2. ____
3. ____
4. ____
5. ____

List steps to take if a problem arises.

1. ____
2. ____
3. ____
4. ____
5. ____

STEPS TO TAKE IF A PROBLEM ARISES

(For presenter's use only)

Parents could take the following steps if a problem arises regarding their child's education.

1. Discuss the problem with your child's classroom teacher and/or other school staff members who are aware of your child's needs. Such staff might include the nurse, counselor, speech/language/hearing specialist, or adaptive physical education teacher.

2. Request a review of your child's Individualized Education Program (IEP) at a site, area/program, IEP meeting.

3. Contact the Search Office.

4. Refer problem to Director of Special Education.

5. Initiate, in writing, a request for due process.

6. Initiate, in writing, a complaint procedure.

As citizens and taxpayers, parents have other options for resolving problems, which are:

-Direct appeal to the local school board.
-Direct appeal to the District Superintendent.
-Appeal to Protection and Advocacy Incorporated.
-Contact Office of Civil Rights.
-Appeal to Special Education Community Advisory Committee chairperson.
-Contact PTA President or PTA Special Education chairperson.

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental differences, personality differences, and so on).
- Tell participants about your child's handicaps, his or her current level of function, and present school placement.
- Be familiar with PL 94-142 and Master Plan concept.
- Tell about the variety of services from the school district that your child requires.
- Relate your first experience with an IEP meeting. How was it organized? How did you feel? Did you understand the proceedings?
- Talk about the services your child receives as part of the IEP process. Did you have to be assertive to get them?
- Discuss whether you are satisfied with the quality of the services your child receives at school.
- Tell whether you attend IEP meetings alone or with someone.
- Relate if you have ever questioned a decision about your child at the IEP meeting.
- Discuss some parents' rights that have been most valuable to you.
- Tell what tips you can give participants so the IEP meeting meets the needs of the parents and child.

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group--by location in the roon, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see the activity is preceeding as planned.

The group leader should:

- Before starting activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the group is planned as a discussion starter, and encourage your group to ask questions, volunteer personal information, and speak out.
- Ask participants to refer to the "Pretest: "Parents' Rights and Responsibilities," completed in the introductory activity. Read the answer to each question:

  1. True
  2. False
  3. True
  4. False
  5. True
  6. False
  7. False
  8. False
  9. False
  10. True

- Pass out the handout, "IEP Checklist for Parents" (18-10). Ask participants to go over the checklist and mark any items they can. Clarify any questions about any of the items. Suggest that participants use this for a guide at their next IEP meeting.

- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. How do you feel about the IEP process? Are there parts that are confusing? Are there parts you find particularly helpful?
2. How is the concept of "least restrictive environment" important to your child? Do you think your child is currently placed in his or her "least restrictive environment?"
3. Respond to this position: Guaranteeing parent involvement in the IEP process just slows things down. It would be much more efficient and less costly if parents weren't involved. School personnel are very capable of making appropriate decisions.
4. Currently there is discussion as to the merits of having federal legislation that outlines the rights of handicapped persons. How do you respond to the issue that this legislation should be repealed?

IEP CHECKLIST FOR PARENTS*

Directions: Please check if the answer is "yes" to the questions below.

_____ Is the date of your IEP conference shown on the IEP form?

_____ Is your child's birthday correct on the form?

_____ Are your child's present levels of performance stated on the IEP?

_____ Are these levels of performance clearly stated?

_____ Do you feel that the levels of performance accurately describe your child?

_____ Are long-term goals for your child listed on the IEP?

_____ Are these goals clearly stated?

_____ Do they seem to be the best goals for your child at this time?

_____ Is the type (level) of special education program your child will be receiving correctly stated on the form?

_____ Are additional services that your child will be receiving (such as speech therapy or physical therapy) listed on the IEP form?

_____ Have you told the members of the IEP committee of any other services that you feel your child needs, if any?

_____ Have all the members present at the IEP conference signed the form?

_____ Have you indicated whether or not you agree with the IEP?

_____ Have short-term objectives been written for each long-term goal?

_____ Has the person responsible for working with your child on each objective been listed on the form?

_____ Are the short-term objectives written so that you can easily understand them?

_____ Is the criteria for each objective clearly stated? ("Criteria," in this context, means what or how your child must perform to successfully meet the short-term objective.)

_____ Is the method of evaluation (tests, daily records, etc.) for determining your child's progress on each objective clearly stated?

_____ Are there projected starting dates for each objective?

_____ Have you remembered to write any comments that you wish to make on the IEP form?

_____ Do you need a copy of the IEP for your own records?

_____ Has a date been set to review your child's IEP?

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*From Stevens, Weave V. *Parent-Teacher Involvement and the Individual Education Program,* Institute for Parent Involvement. Albuquerque, NM: University of New Mexico, 1979.

Parent Summary Sheet

Every handicapped child has the right to a free and appropriate education. The development of an Individualized Education Program (IEP) is the primary way of assuring that a special child's needs will be met. Legislation currently guarantees that parents can exercise due process if they are dissatisfied with their child's educational program.

Parents who have a clear understanding of the IEP process can utilize their rights by assisting in planning essential programs for their children.

The Education for All Handicapped Children Act of 1975 (PL 94-142) guarantees:

- Free, appropriate education for all handicapped individuals, ages three to twenty-one.
- Unbiased assessment.
- Individualized Education Program (IEP) for special needs.
- Services provided in the least restrictive environment.
- Guaranteed rights of parents and children.

SIX STEPS TO SPECIAL EDUCATION PLACEMENT

1. *Identification and referral.* Parents, doctors, community agencies, and schools can initiate referral of a child to special education.

2. *Assessment.* A method of gathering information about the child that may include observation, testing, review of records, and interviews is called assessment.

3. *Decisions.* Parents and educators meet to make a decision regarding the child's participation in special education.

4. *Developing the IEP.*

5. *Placement.* After the IEP is developed, the child must be placed at the closest, most appropriate school possible.

6. *IEP review.* At least once a year, a meeting will be held to review the child's progress.

LEAST RESTRICTIVE ENVIRONMENT*

To the maximum extent *appropriate,* handicapped children, including children in public or private institutions, are educated with children who are not handicapped This implies a continuum of services ranging from the regular program to a full-time, residential placement.

---

*From a Policy statement developed and written by the Commission on Special Education and adopted by the State Board of Education, June 1978.

A child would be removed from the regular environment only when the nature of the handicap is such that education in regular classes, with the use of special education and related services, cannot be achieved satisfactorily.

Each handicapped individual shall participate in nonacademic, extracurricular services and activities, including meals and recess periods, to the maximum extent appropriate for that child.

DUE PROCESS

The term "due process" has a special meaning to parents of children with exceptional needs. In special education, due process is a legal way of saying that certain principles and practices exist and must be respected in order to insure that each child is treated in a manner that guarantees his or her rights to equal education opportunities.

Due process insures that specific procedures and timelines are followed when and if significant changes or accomodations are made in a child's educational program. Due process is guaranteed by the Constitution of the United States. It serves as a safeguard, so that every individual has the means of protecting and asserting his or her own rights.

SUGGESTED READINGS

Arena, John. *How to Write an IEP.* Academic Therapy Publications, 1978.
Defines the law, related services, goals, and objectives--the IEP from A to Z.

Directions II: A Workbook for Families. Inglewood, CA. Western Los Angeles Service.
Provides forms, programs, and exercises for a parent-training program.
PL 94-142, the Education for All Handicapped Children Act, is explained.
Suggests how parents can get more involved in the IEP.

Bibliography

Books

Busker, Martin. *Parent Power.* New York: Cornerstone Library, 1975.

Ryan, Bernard. *How to Help Your Child Start School: A Practical Guide for Parents and Teachers of Four to Six Year Olds.* New York: Putnam, 1981.

Smith, Sally L. *No Easy Answers: The Learning Disabled Child.* New York: Bantam Books, 1981.

Stevens, Weave V. *Parent-Teacher Involvement and the Individual Education Program.* Institute for Parent Involvement. Albuquerque, NM. University of New Mexico, 1979.

A Handbook for Parents of Special Children. San Diego, CA: San Diego City Schools, 1980.

Audiovisual Materials

IEP Team Planning. Charles Merrill E. Publishing Co. Film, 16 mm. Tells how parents can help child at home and explains parents'. responsibilities when working with specialists and teachers.

Individual Education Program. The Foundation for Exceptional Children. Filmstrip, cassette.
Discusses the total IEP process, including parents' rights and responsibilities.

We Work As a Team: Building Successful Conferencing Skills

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To become aware of parent and professional roles in planning a child's educational program.	483	10 minutes
Professional Presentation	To understand how to prepare for a parent-professional conference. To determine and to write educational goals. To understand factors that contribute to a successful conference.	485	40 minutes
Parent Presentation	To discuss how to be an active participant in the development of IEP.	499	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To discuss ways of becoming an active participant.	500	40 minutes

Overview

> *Children are more likely to achieve at a higher level when their parents are involved in the educational process.*
>
> *Parents are more likely to be involved in the educational process if the school encourages participation and provides proper training in educational techniques and procedures.*
>
> *Both the school and the parent are more willing to work as a team to enhance student achievement and growth if both have been trained in the positive roles they can play in this partnership and in the skills needed for these roles.**

Interested parents have always attended parent-teacher conferences. With the passage of recent legislation guaranteeing parent rights, parent-teacher conferences for special education students have taken on a new importance. An Individualized Education Program (IEP) meeting has particular significance. At an IEP meeting, decisions that greatly affect a child's educational program are made.

With training and understanding, parents and professionals can learn to work together through the IEP process to enhance the student's total educational process.

**Focus on Parenting.* San Diego, CA: San Diego City Schools, San Diego County Board of Education, 1979.

Introductory Activity

The professional presenter should:

- Distribute the handout, "Parent-Professional Roles."
- Ask participants to check the appropriate column, indicating parent role or professional role, on the checklist. If both roles apply to a statement, check both columns.
- Allow five minutes to complete handout.
- At the end of the time period, ask participants to share how they responded to each item. Indicate appropriate answers, as shown below:

1. parent, professional
2. professional
3. professional
4. parent, professional
5. parent, professional
6. parent, professional
7. parent
8. parent, professional
9. parent
10. parent
11. parent, professional
12. parent
13. parent, professional
14. parent, professional
15. parent, professional

- Emphasize, during the discussion, that the child's education needs to be a team effort.
- End the activity with the idea that parents and professionals each have specific things to do in planning for a child's educational program.

PARENT-PROFESSIONAL ROLES

Directions: Read each objective, then check (✓) whether it would require the parent or a professional to have a role in carrying it through. If both roles apply, check both columns.

Parent	Professional	
______	______	1. Propose goals for a child's IEP.
______	______	2. Plan specific curriculum to be used with a child.
______	______	3. Determine which specific tests will be given to a child.
______	______	4. Provide information about the child's learning strengths or weaknesses.
______	______	5. Suggest effective behavior-management techniques for a child.
______	______	6. Take notes in a conference.
______	______	7. Provide developmental history information to the school.
______	______	8. Request a review of the IEP.
______	______	9. Provide medical history of the child to the school.
______	______	10. Give permission to test the child.
______	______	11. Provide information about a child's social-emotional growth.
______	______	12. Give consent for special education placement.
______	______	13. Have access to child's records.
______	______	14. Have copies of test results.
______	______	15. Observe a child in the school/preschool/home setting.

Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which material will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

PREPARING FOR A CONFERENCE

Planning and implementing a child's educational program is intended to be a team effort. Professionals and parents must work together, sharing their different areas of expertise for the benefit of the whole child.

Participation in the development of a child's Individualized Education Program (IEP) is one of the most important ways parents can be active participants. They bring to the IEP meeting their own perspectives and expertise, and their perspective is as necessary as the professional's point of view. The parents' role at the IEP meeting is to share relevant information, ask questions of professionals, and offer suggestions.

Parents should come to the IEP meeting prepared to share information about their child's attitude toward school, likes and dislikes, strengths and weaknessess, and social behavior at home or in the neighborhood. Records the parent has kept on past services, developmental history, and medical history should be shared at school conferences. Parents can put this infomation in an organized format. It is also important to provide insight into effective behavior-management techniques used at home.

The child's IEP must be reviewed *at least* once a year, but parents or professional can call for a review at any time. Every three years, a complete reassessment must be completed.

At an IEP review, parents should be prepared with specific information and should bring a copy of the last IEP. At this conference, the IEP goals are evaluated and new goals are written. Both professional and parent need to be prepared to share observations as to what extent this child's goals have been achieved. Specific home and school data should be presented. Parents have a right, as well as a responsibility, to assist in determining how well a goal has been met.

Suggested Activity 1

The professional presenter should:

- Distribute the handout, "Information to Share" (19-1).
- Tell participants that one way of preparing for their child's IEP meeting, or any other parent-teacher conference, is to prepare specific information to present at that meeting. Some suggestions for information to share at a conference is listed on the handout.
- Ask participants to verbally answer the questions, as though their child's IEP were coming up.
- Ask participants to formulate questions that they would ask about their child's school performance at a conference.
- End the activity with the thought that this handout (19-1) can be used in preparing for almost any conference. It is short and easy to comprehend, but it directs the parent's focus on important issues. With this paper in hand at the conference, the parent is more likely to assume an active role in the home/school partnership.

EDUCATIONAL GOALS

Parents can bring to the IEP meeting specific goals they would like considered as part of the child's educational program. Professionals make assessments of the child's area of strengths and weaknesses by observation and testing. Based on that information, they formulate educational goals. Parents can similarly observe their child's behavior and write educational goals based on their observations of the child's areas of strengths and weaknesses.

Educational goals are developed as part of the IEP. These goals are statements of skills or behaviors that are targeted for the child to achieve. They are positive statements of what the child may be expected to accomplish in a year's time. For example, a goal might be that, in one year, Alice will name six colors (black pink, blue, red, yellow, green) with 100 per cent accuracy or, in one year, John will feed himself lunch, using the appropriate cutting utensils. Less formal goals should be discussed at informal parent-professional conferences, rather than at an IEP discussion. A statement of what the child should accomplish provides direction for both home and school.

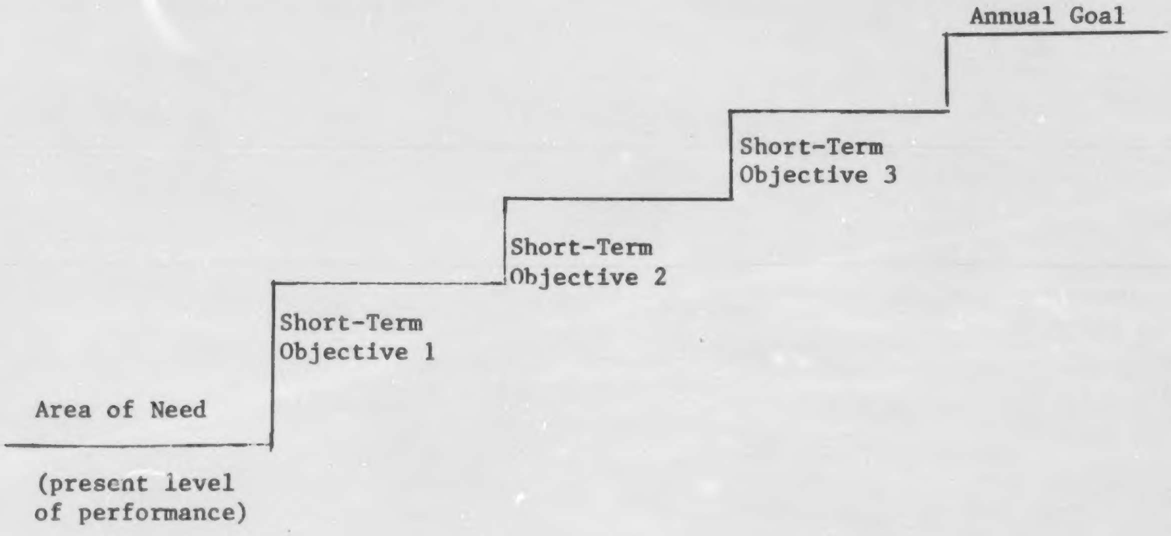
GUIDELINES FOR IEP GOALS AND OBJECTIVES*

Parents should consider these guidelines when determining IEP goals and objectives:

- Yearly goals and objectives must be based on what the child is able to do at the time that goals and objectives are selected. If they are not based on current performances, the program will not help the child learn as much as possible.
- Yearly goals and objectives should be based on at least two kinds of considerations: the child's overall developmental needs and how the child should be able to function at the end of his or her educational program.
- Yearly goals and objectives should include opportunities for interacting with nonhandicapped students of similar age. If the program does not currently provide these opportunities, it must be shown that current goals and objectives are aimed at helping your child to interact effectively with nonhandicapped students in the near future.
- Goals and objectives should help the child move toward greater independence. Greater independence includes learning to be less dependent on special equipment or on other people.

THE IEP STAIRCASE**

The "IEP Staircase" is a way of viewing the setting and the achieving of annual goals. The assessment information and statement of the child's area of need indicate the starting place (ground floor) of the child's climb upward to the annual goal (top of stairs). The child completes each small step until he or she reaches the top. The child then starts a "new" staircase with the achieved annual goal of the prior staircase as the starting place.



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*Adapted, from *Determining Reasonable Pupil Progress in Special Education*. Sacramento, CA: California State Department of Education, Office of Special Education, 1979.

**Adapted from Stevens, Weave U. *Parent-Teacher Involvement and the Individual Education Program*. Institute for Parent Involvement. Albuquerque, NM: University of New Mexico, 1979.

Suggested Activity 2

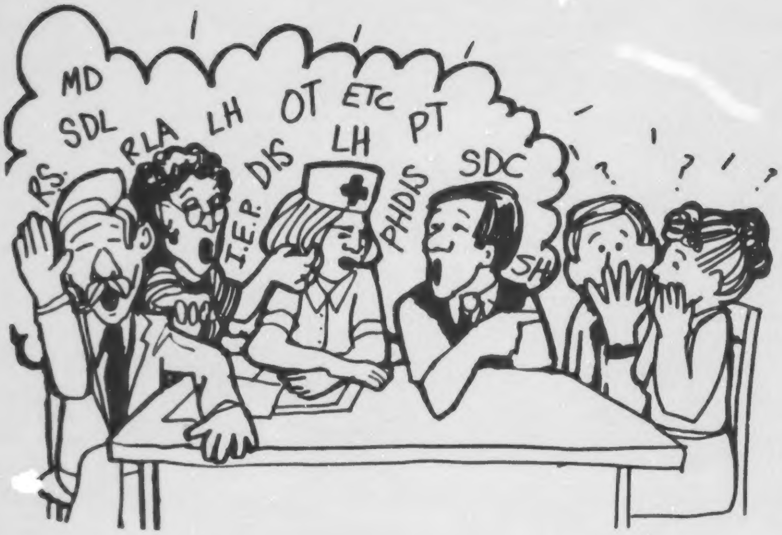
The professional presenter should:

- Tell participants that one of the most important things parents can do to help the school meet the child's needs is to assist in the identification of goals in the IEP planning.
- Tell participants that goals are not too difficult to write out but do require some practice.
- Remind participants that goals are developed for areas of need that have been identified at this time.
- Pass out handout, "Educational Goal-Setting for Parents" (19-2).
- Review the five areas listed on the handout.
- Go over the introduction. Instruct participants to write one educational goal for two of the five categories listed.
- Allow five minutes to complete handout.
- At the end of the time period, ask for volunteers to share specific goals for their children. Write some on the chalkboard. Try to include examples from all five categories.
- Using the examples on the board, ask participants to give suggestions on how that goal might be achieved. Write suggestions on the board.
- From that information, write some specific steps that would lead to the achievement of an educational goal.
- End the activity by stressing that both educational goals and short-term objectives are found on the IEP form, and that parents should be prepared to contribute to goal-setting on the IEP form.

THE SUCCESSFUL CONFERENCE

At the parent-teacher conference or the IEP meeting, the parents are responsible for sharing the information they have gathered. Many professionals allow time for meaningful parent input into the conference. If this time is not provided, it is the parents' responsibility to make certain their concerns are heard. It is also the parents' responsibility to ask for clear reporting of test data and other information. Parents should *always* ask for clarification of educational jargon or unclear reports.

Parents can request copies of assessment reports for later reference. For both professionals and parents, good communication skills are essential. Active listening, assertive responses, and problem-solving can facilitate the effectiveness of the conference. If messages are to be heard and understood, direct and clear communication from both professionals and parents must occur.



Suggested Activity 3

The professional presenter should:

- Tell participants that they will use role-playing to evaluate what is happening in two IEP meetings.
- Ask for participants who would be willing to read the role-play script.
- Distribute handout, "Role-Play Script 1"(19-3), to participants in the role-play situation.
- After this script is read, ask the group the questions at the bottom of the handout.
- Distribute handout, "Role-Play Script 2" (19-4), to participants in the role-play situation.
- After this script is read, ask the group the questions listed at the bottom of the handout.
- End the activity with the thought that good comminication between professionals and parents can contribute to a successful conference.

MAINTAINING ON-GOING COMMUNICATION AFTER THE CONFERENCE

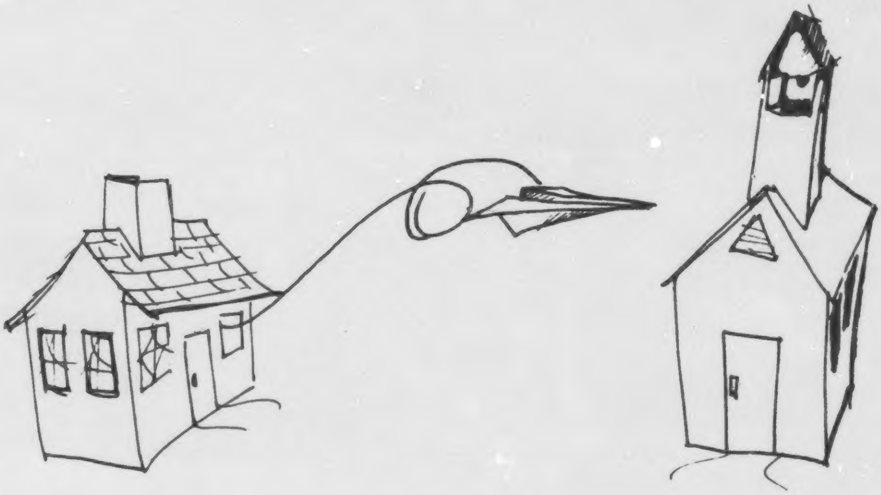
Parents or teachers can initiate home/school reporting systems. Some parents make checklists. The teacher is given a list of behaviors that parents are concerned about and the teacher is asked to rate each behavior on a regular basis--weekly, or in some cases, daily. Teachers can use the same kind of checklist system.

It is most helpful if the checklist items are generated by both the professional and parent working together. This reporting procedure can also provide an excellent tool for behavior change. When good reports come home, and the child is praised, she or he is likely to try to bring home more good reports. This method is not necessary for all children, but if the need for some behavior change is desired, this technique may be helpful.

When specific home/school programs are implemented, a date to review the program should be set up to evaluate its effectiveness.

Parents can also assist communication and follow-up by sending "home news" to school. In this way, a teacher can have a better understanding of what may be affecting a child's performance.

Conferencing is not a skill to be used only at an IEP meeting. The ongoing exchange of information and ideas is essential for continuity between the home and school.



Suggested Activity 4

The professional presenter should:

- Tell participants that to make program discussions, it is important to accurately record the child's progress. As soon as it appears that a child's progress differs from what is expected, modifications should be made.
- Show overhead transparency, "Ongoing Measurement" (19-5).
- Suggest that the six questions listed can be used as a means of monitoring the child's progress.
- Conduct a discussion related to the six questions.
- End the activity with the thought that parents have an important role in helping monitor their child's progress in home/school programs.

CONCLUSION

There are many areas requiring monitoring and parental input related to IEP development. In the role of a full participant, the parent is exercising his or her rights and responsibilities. With the team approach of home and school working together, the likelihood of a positive outcome for the student's progress increases.

Suggested Activity 5

The professional presenter should:

- Distribute the handout, "Check Yourself" (19-6).
- Ask participants to complete the checklist, recalling their last experience with an IEP meeting or a parent-teacher conference.
- Allow five to ten minutes to complete handout.
- End the activity with the thought that this checklist may be a useful guide to parents and remind them of their role in the IEP process.

INFORMATION TO SHARE*

Directions: If a meeting about your child's IEP were coming up, consider the following questions and prepare to answer them verbally:

1. What skills would you most like your child to learn?
2. Are there concerns about your child's functioning at home that could be helped by work at school?
3. Are there aspects of your child's behavior that you believe need to be improved?
4. What do you believe to be your child's strengths and weaknesses ?
5. What methods have you found to be effective in rewarding and punishing your child?
6. To what extent does your child interact with children in the neighborhood?
7. What are your feelings about providing opportunities for your child to interact with nonhandicapped children?

Questions To Ask

Now, write down questions about your child's school performance that you might ask at a conference:

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____

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*Ideas modified from Small, Martha (ed.). *Curriculum for the Moderately and Severely Retarded.* "Parent-professional Interactions," by Ann P. Turnbull. Columbus, OH: Charles E. Merrill Publishing Co., in press.

EDUCATIONAL GOAL-SETTING FOR PARENTS

Introduction: An educational goal describes a skill or behavior that parents and professionals would like to see a child learn or to improve on. Because educational goals are usually written for one year, they are sometimes called annual goals and may fall into one of the following five areas:

1. *Physical skills and perception* (climbing stairs, walking, running, riding a tricycle, catching a ball).
2. *Language skills* (putting two words together, labeling household items, labeling body parts).
3. *Readiness skills* (matching colors and shapes, counting concrete objects).
4. *Self-help skills* (eating, dressing, bathing).
5. *Social/emotional skills* (sharing, making friends, saying, "Thank you," trying new things, smiling).

Directions: Now, think of *one* thing you would like your child to be able to do in *two* of the five categories listed above by the end of the school year. Make each goal specific and observable.

1. ______________________ will ______________________
Child's name
____

2. ______________________ will ______________________
Child's name
____

ROLE-PLAY SCRIPT 1

At IEP meeting

Resource Teacher: "We just don't feel that your child is a high enough risk to obtain services from our infant-stimulation program. He's just not eligible."

Parent: "I'm very upset to hear he may not be receiving services. Based on my personal records, and other doctors' records and screenings, I think he needs some additional programs, particularly those in developing gross-motor skills."

Resource Teacher: "You must understand our funds are being cut and we have to make some hard decisions. We just don't have the space available."

Parent: "I'm not certain you hear my concern. I strongly feel my son needs some services. I understand you must have some criteria for placement, but this is an important need for my child."

Questions:

1. Which communication skills were used?
2. Would you have changed the parent's response?
3. What could be done to solve this problem?

ROLE-PLAY SCRIPT 2

At annual review IEP meeting

Parent of four-year-old physically handicapped child: "I've been waiting to get to this IEP meeting. All this year, I wanted Alice to dress herself, but she wouldn't. I think you should teach her how."

Special education teacher: "You want Alice to learn to dress herself?"

Parent: "I don't think she's learned enough this year. She's had a wonderful time. But, isn't it your responsibility to teach her?"

Special education teacher: "Yes, I do have a responsibility to teach her. Now, you want her to dress herself, right?"

Parent: "I can't do anything with her. She just won't learn."

Special education teacher: "Let's see if we can figure out the problem. Let's state exactly what your concerns are and see if we can make a plan for both of us."

Parent: "Good! I want to hear what *you* can do."

Questions:

1. What communication skills were used?
2. How would you have changed the parent response?
3. Was this a team-approach to the problem?

ON-GOING MEASUREMENT

1. How often are you told of the progress your child is making toward his or her objectives?
2. What have you done when you have felt your child was achieving the objectives faster or slower than you expected?
3. If your child's progress was faster than expected, how were you involved in developing new goals or objectives?
4. How are you keeping the school informed of the progress you see your child making at home and in the community?
5. How often do you feel your child's overall development should be evaluated?
6. What information should you be responsible to share with the team regarding your child's development within the family?

CHECK YOURSELF

Directions: At your last IEP meeting or parent-teacher conference, check "yes" if you were involved in the following areas or "no" if you were not.

INVOLVEMENT IN ASSESSMENT

	Yes	No
1. Did you provide specific, accurate information about your child's skill levels and behavior?		
2. Did you cooperate by releasing requested information, such as medical reports, and related material?		
3. Did you request that any specific areas be included in the assessment?		
4. Were you informed about what assessment was to be done and the methods to be used?		
5. Were the areas that you were concerned about in the assessment included?		
6. Did you understand the purposes of the assessment methods used?		
7. If not, did you ask for an explanation?		
8. Were you invited to attend a meeting to discuss the results of the assessment?		
9. Based on what you already know about your child, and the information you needed to find out, was the assessment thorough?		
10. Did the results "fit" with what you know about your child?		
11. Did you get meaningful, helpful information?		
12. Did the assessment provide a clear picture of how your child performs in critical skill and/or developmental areas?		
13. Did the assessment tell you what your child needs to learn?		
14. Were you informed of your right to see your child's school records, test scores, etc.?		
15. Did the assessment make mention of your child's areas of strength as well as areas of weakness?		
16. Were the assessment findings reported to you clearly, in understandable language?		
17. Did the assessment findings pinpoint specific behaviors needing improvement?		
18. Did the assessment findings clearly specify behaviors needing improvement in a way that progress can later be measured in a clear-cut fashion?		

INVOLVEMENT IN WRITING GOALS

		Yes	No
1.	Are the yearly goals and objectives based on information about what your child is able to do at the present time?		
2.	Are the yearly goals and objectives the most important ones for your child?		
3.	Do the objectives help your child become less dependent on other people or aids?		
4.	Does each objective require a skill or behavior of your child that is useful in different situations either in or out of school?		
5.	Can the objective be carried out with activities that are appropriate for your child's age?		
6.	Does each objective represent a step that will help your child achieve the yearly goals?		
7.	Does each objective describe a skill or behavior of your child that can be observed or measured?		
8.	Are the criteria for achieving each objective clearly stated?		
9.	Is the time allowed for reaching each objective realistic for your child?		

INVOLVEMENT IN ONGOING MEASUREMENT

1.	Is information collected related to measurement of progress toward each objective?		
2.	Is information about your child's progress collected often enough to assist in making instructional decisions as soon as they are needed?		
3.	Is information about your child's overall development collected at least annually?		

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences, and so on).
- Tell how you prepare for an IEP meeting. Discuss what information you take and what questions you prepare.
- Describe how many people were at your IEP meeting and their roles. How did you feel about the number?
- Give examples of how you formulate goals for your child. How do you present those goals at the IEP meeting?
- Discuss what you do if you are not satisfied with the goals and objectives at the IEP meeting.
- Discuss how you utilize communication skills at the IEP meeting (active listening, assertiveness, problem-solving). Are any of these skills harder to put into use than others? Give specific examples.
- Discuss whether you see your role differently at an IEP meeting than at any other parent-teacher conference.
- Describe how you follow up with what is discussed at the IEP meeting.

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the group, by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the group is planned as a discussion starter, and encourage your group to ask questions, volunteer personal information, and speak out.
- Distribute the handout, "Conference Report" (19-7).
- Ask participants to read the scenario presented in the handout.
- Read the questions orally and ask the group to respond.
- Guide the discussion to emphasize the idea that parents should request clarification and ask questions of professionals.
- Conclude with the idea that parents need to fully understand what is being reported about their children.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants:

1. How do you feel about your child's IEP meetings? Did you participate as much as you would have liked? Who talked most?
2. How do you intend to prepare for your next school conference?
3. How can you provide follow-up information to your child's school?

CONFERENCE REPORT

Directions: Read the scenario below, then prepare to verbally answer the questions that follow it.

Mrs. Smith is attending a conference with several specialists for her three-year-old child, Amy, who is delayed in several developmental levels. A physical therapist has evaluated Amy and says the following to Mrs. Smith:

> "She rolls, using segmental pattern, and shows some rotation, leading with the hips. She assumes quadruped and creeps with cross-diagonal pattern. Her lower extremities are wide-based in external rotation. My recommendations are to improve protective and equilibrium responses and provide tactile and proprioceptive inputs."

1. How do you feel when you read this?
2. What is the physical therapist trying to tell Mrs. Smith?
3. After hearing a report like this, what questions should Mrs. Smith ask?
4. How does this information help Mrs. Smith understand Amy's problem and know what to do for her at home?
5. Should this information be reported on the Individualized Education Program (IEP)?

Parent Summary Sheet

Children are more likely to achieve at a high level when their parents are involved in the educational process. Parents are more likely to be involved in the education process if the school encourages participation and provides proper training in educational techniques and procedures.

Both school professionals and parents are more willing to work as a team to enhance student achievement and growth if they have been trained for the positive roles needed to function in this partnership and in the skills needed for these roles.

PREPARING FOR A CONFERENCE

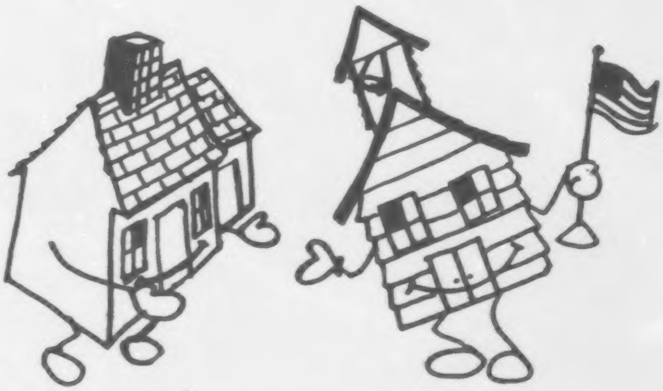
Both parents and professionals have responsibilities in preparing for a conference. Professionals gather assessment data, behavioral observation, and review records. Parents provide information relating to the child's developmental history, educational history, and community-service history. Parents also give a picture of the child's behavior from another perspective.

The formulation of educational goals is a team effort. Professionals and parents each have ideas about what would be desired goals and they can work together to achieve these goals. Decide on some goals before the conference.

THE SUCCESSFUL CONFERENCE

At the successful conference, parents and professionals do the following:

- Provide input relative to child's strengths and weaknesses.
- Obtain copies of all reports.
- Ask questions for clarification.
- Use good communication skills, such as active listening, assertiveness, and problem-solving.



POST-CONFERENCE

After the conference, ongoing communication can be maintained between parents and professionals if they:

- Establish a checklist system between home and school.
- Send "home news" to school from parents.
- Share information with others involved with the child.
- Mark the calendar for follow-up.
- Monitor progress towards goals.

SUGGESTED READINGS

Torres, S. (Ed.). *A Primer of Individualized Education Programs for Handicapped Children.* "Parent Participation," by L. Winslow. Reston, VA: The Foundation for Exceptional Children, 1977.
Advice from a parent to other parents about how to prepare for IEP conferences.

Weiner, B. B. (Ed.). *Periscope: Views of the Individualized Education Program.* "IEP: Impatient Expectations of Parents," by E. D. Helsel. Reston, VA: Council for Exceptional Children, 1978.
This is an article written by a parent. It outlines the problems that occur in the IEP process from a parent's point of view. It offers suggestions for improvement in communication between the parents and teachers.

Weiner, B. B. (Ed.). *Periscope: Views of the Individualized Education Program.* Procedural Guidelines for Involving Parents in IEP Committee," by B. Strickland, et al. Reston, VA: Council for Exceptional Children, 1978.
Outlines the systematic steps that educators and parents can take to build a strong foundation for shared decision-making and effective communication concerning the handicapped child.

Bibliography

Books

Butler, Fran. *Knowing the System: A Program of Parent Education, Parent Training Program.* San Diego, CA: United Cerebral Palsy Association of San Diego, 1979-80.

Faas, Larry. *The Emotionally Disturbed Child: A Book of Readings.* Springfield, IL: Charles C. Thomas, 1975.

Kappelman, Murray, and Paul Ackerman. *Between Parent and School.* New York: Dial Press, 1977.

Kroth, Roger. *Communicating With Parents of Exceptional Children.* Denver, CO: Love Publishing Company, 1975.

Kroth, Roger, and Richard Simpson. *Parent Conferences As a Teaching Strategy.* Denver, CO: Love Publishing Company, 1977.

Meltzer, Lois K. *Advocacy Handbook: A Tool for Families of Disabled Children.* Sacramento, CA: Sacramento Legal Center for the Disabled, 1979.

Michaelis, Carol T. *Home and School Partnerships in Exceptional Education.* Rockville, MD: Aspen Systems, 1980.

Stevens, Weave U. *Parent-Teacher Involvement and the Individualized Education Program.* Institute for Parent Involvement. Albuquerque, NM: University of New Mexico, 1979.

Audiovisual Materials

Preparing for the IEP Meeting: A Workshop for Parents. CEC Publications. Filmstrip.
Total parent program on IEPs: To understand the purpose of the written IEP; to know what an IEP meeting is; to know who should attend the IEP meeting and what roles they play; and to know what must be included in the IEP.

Putting It All Together: Coordinating the Services

(Home / School / Community)

Objectives

AGENDA	OBJECTIVES	PAGE	TIME
Introductory Activity	To become aware of different parent involvement roles.	509	10 minutes
Professional Presentation	To discuss how a parent can function as a coordinator. To become aware of factors that affect the parent role as coordinator. To determine some skills necessary for being a coordinator.	511	40 minutes
Parent Presentation	To provide examples of a parent serving as a coordinator.	542	20 minutes
Questions and Answers			10 minutes
Small-Group Activity	To discuss how individual participants view their individual roles as coordinator.	543	40 minutes

Overview

Nicolas Hobbs (1978) writes, "Parents have to be recognized as special educators, the true experts on their children; and professional people--teachers, pediatricians, psychologists, and others--have to learn to be consultants to parents." A handicapped child has experience with many teachers, therapists, doctors, and other professionals. Professionals come and go from the child's life. The parent, however, remains in the position of knowing the child's needs as well as all the professionals, who rendered services to meet those needs. The parent is in an excellent position to make judgments based on past experience and accumulated knowledge.

In serving in the role of coordinator, the parent must consider his or her individual priorities and needs, as well as the priorities and needs of the special child and the family. If the parent's efforts are directed *exclusively* toward maintaining services for the special child outside the home, the family support system will suffer. The parent's role is to coordinate the priorities and needs of the individuals in the family with those of the school and the community. The role is indeed a complex, demanding one. However, the benefits of thoughtful and meaningful involvement bring unsurpassed benefits to the family and to the special child.

Introductory Activity

The professional presenter should:

- Tell participants that they are going to examine how they, as parents, interact with the agencies serving their child.
- Distribute the handout, "Parent Involvement Roles."
- Review with participants the roles listed on handout.
- Ask participants to write down an activity in which they have served for each role listed.
- Ask participants to rank the roles in numerical order from most comfortable (1) to least comfortable (5) in performing.
- Allow five minutes to complete handout.
- At the end of the time period, ask participants to share the activities they wrote by the roles.
- Tally the number of people who are most comfortable with each role.
- End the activity with the thought that parent involvement can occur at different levels. Explain that each role is appropriate for certain situations. The parent can decide which role is appropriate to achieve a desired outcome.

PARENT INVOLVEMENT ROLES

Rank	Role	Activity
	Parent as audience: Receives information provided by professionals.	
	Parent as supporter: Works for the program or for an organization; volunteers in the classroom; offers clerical assistance; assists on field trips.	
	Parent as learner: Maintains an active role separate from the child; gains information about child development, handicapping conditions, and so on.	
	Parent as teacher: Works directly with child in learning process at home or school.	
	Parent as coordinator: Monitors the effectiveness of all programs provided for the child; aware of child's needs and tries to effect change for those needs to be met.	

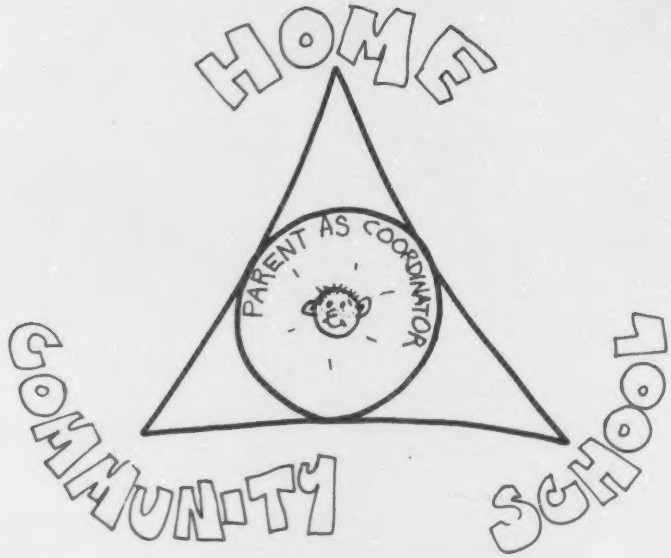
Professional Presentation

The professional presenter should:

- Read through the professional presentation text and suggested activities.
- Decide which materials will be of most value to the needs of the group.
- Supplement the text and suggested activities with information from your own experience.
- Arrange for audiovisual materials, supplies, and room equipment.

PARENT ROLE AS COORDINATOR

The purpose of *Connections: Developing Skills for the Family of the Young Special Child, 0-5* is to provide the parents with skills to become coordinators of services for their child. The community, home, and school each have individual responsibilities for services to the child. The parent role is not to usurp all services but to monitor and coordinate the progress and quality of the services provided. The goal of all those providing services is progress for the child. However, unless services are coordinated by a constant person, the best-intended efforts may prove counterproductive. Grossman (1981) points out that parents sometimes wrongly assume that there is some "master strategy" or "master case-management agency" that will coordinate and render excellent service. When parents abdicate their responsibility for monitoring and coordinating programs for their children, gaps or lack of necessary programs may occur.



The parent who serves in the coordinator role is indeed acting as an advocate for his or her child. An advocate is a person who facilitates the cause of another---in this case, the parent is working for the cause of the child. Individually, the parent can insure that the child's needs are met through the IEP (Individualized Education Program) process or by obtaining community services. To be certain that needed services are provided, the parent must monitor the child's progress in each area--home, community, and school. When services are required, but not provided, parents can exercise the option of requesting them. If a request is not sufficient, parents can utilize procedures of due process.

Another level of advocacy may be necessary when the child's needs cannot be met through individual action. When policies, laws, or institutions must be changed, the parent coordinator may need to enlist the help of existing support or lobby groups.

Parents working together with other parents and professionals can effect broad-based change.

FACTORS AFFECTING ROLE AS COORDINATOR

When assuming the role as coordinator, parents need to be aware of family and personal factors that will affect how they perform their role.

Understanding and Accepting the Child's Functioning Level

When parents of a handicapped child first learn of their child's delays, it is likely that they will experience the feelings associated with a loss. This loss is often viewed as the loss of a "normal" child.

A parent's response to professionals or others rendering service is affected by the reaction to that loss. The parent may be responding out of guilt, anger, shame, or depression. Before the parent can clearly articulate the needs of a child, a realistic acceptance of the child's functioning level is necessary. The parent who accepts the child's functioning level is more likely to be able to hear and integrate input from others. This skill is a prerequisite for parents to begin to interact effectively.

Each member in the family needs to work toward accepting the condition of a handicapped child. The dynamics in the family can be very complex when family members are at different stages in the "grief cycle." Problems can arise if family members are at conflicting stages. For example, if a sibling responds to the situation from the point of view of shame, a father from hope, and a mother from depression, their interactions regarding the needs of the special child may be confusing. Each person will interpret the needs of the child through his or her emotional position. As each member reaches acceptance, the family can operate as an integrated unit, able to problem-solve and explore alternatives to meet their needs and the needs of the special child.

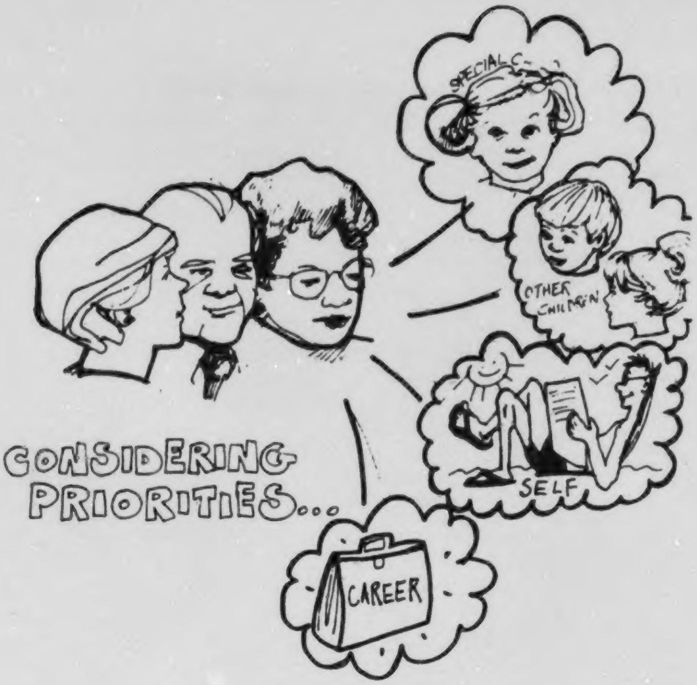
Suggested Activity 1

The professional presenter should:

- Distribute the handout, "Working Toward Acceptance" (20-1).
- Briefly review the stages in the grief cycle. (Presenter: See Module 2, "Why Me?" for additional information on the grief cycle.)
- Ask participants to read through each example on the handout, and write which stage of the grief cycle that the statement represents. Tell participants that more than one stage may apply.
- Allow five minutes to complete handout.
- At the end of the time period, discuss each situation and determine the applicable stage(s).
- Discuss the effect that each response has on the parent's role as coordinator.
- End the activity with the thought that parents need to be aware of the place where they and other family members are in the grief cycle. That awareness can lead to understanding of communication between family members.

Setting Priorities

The job of coordinator is an extensive one. It requires time for implementing programs as well as for evaluating outcomes. The job can become all-encompassing for the parent and for the entire family. Because the special child often has such extensive needs, she or he can easily become the focus of many family activities. Often parents are involved in taking the child to therapy, as well as implementing programs at home. If the consistent pattern in the family is one of always putting the special child's needs first, other children may become resentful, spouses may become angry or withdrawn, and the primary caretaker may feel martyred or "used." It becomes part of the coordinator's role to make decisions that will benefit the total family, as well as benefit the special child. One way that parents can assess priorities is to determine how time is being used in different areas of their lives. If they determine that they have certain priorities, but never allow time to accomplish them, they are in conflict. The priority stated is either not as important to them as they thought or they have not learned to act on what they feel is important.



Suggested Activity 2

The professional presenter should:

- Distribute the handout, "Setting Priorities" (20-2).
- Briefly explain the areas listed and offer any clarification needed by the group.
- Ask participants to fill in the columns, indicating how many hours per week they spend in each area. Then ask them to numerically rank each area's order of importance.
- Allow five minutes to complete handout.
- At the end of the time period, ask participants if they are satisfied with the number of hours they spend in each area. Ask if the number of hours spent fit with how they view their priorities. If there are conflicts, suggest to participants that they may want to set some goals and monitor how they spend their time.

Keeping Records

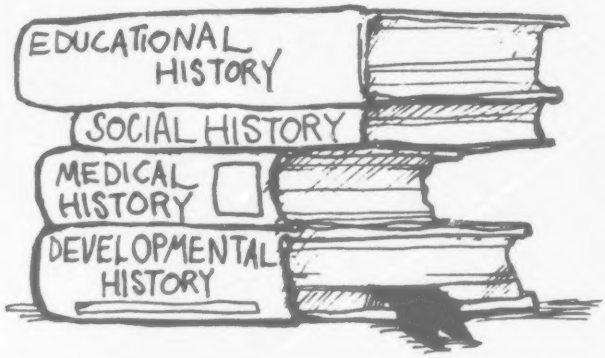
Recordkeeping is an essential skill for the parent as coordinator. It is the process by which change can be monitored. Often parents will want to check past evaluations or reports to evaluate progress.

Frequently, various professionals and agencies will need information regarding a past service rendered as well as a child's developmental and educational history. A system of recordkeeping can be developed so information will be readily available. Almost every agency with whom parents come in contact will ask questions about the background, medical history, school progress, and agency service history of the child. These questions are a standard part of the first encounters with most professionals and agencies. Many parents express frustration at having to answer these questions over and over; they can save time if they have ready information about the child to take to each initial visit.

Suggested Activity 3

The professional presenter should:

- List the following categories on the board: "Medical," "School," "Personal/Social," and "Resource." State that these are some suggestions for types of records to keep.
- Ask group if they have specific records that could be kept in each category. (Presenter: Refer to "Suggestions for Recordkeeping," 20-3.)
- Ask the group if there are categories they would add.
- Suggest to participants that a possible way to organize forms and records is in a three-ring binder with tabs, so additional information can be added.
- Distribute copies of "Recordkeeping: A Parental Responsibility" (20-4).
- Suggest to participants that the forms included in this handout can be a useful way of organizing information about their child.



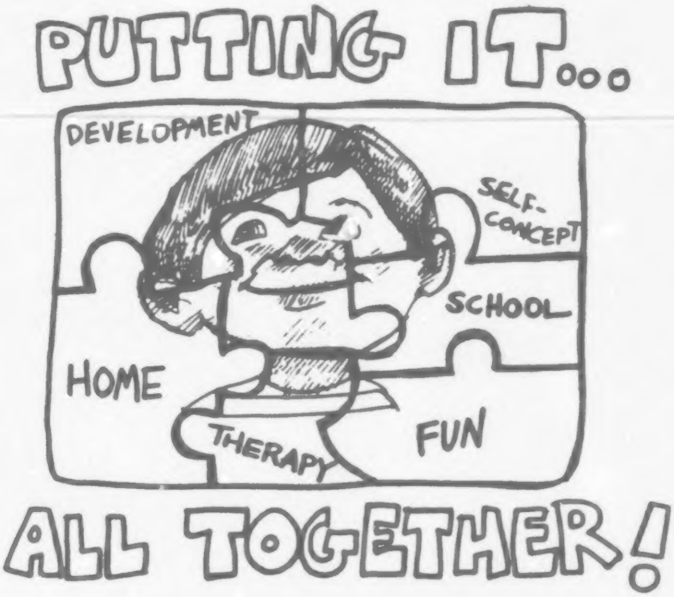
CONCLUSION

Parents active in coordinating home, school, and community services are indeed involved and busy. In each area, if the parent provides support and input, the effect of the total service program for their child will be maximized.

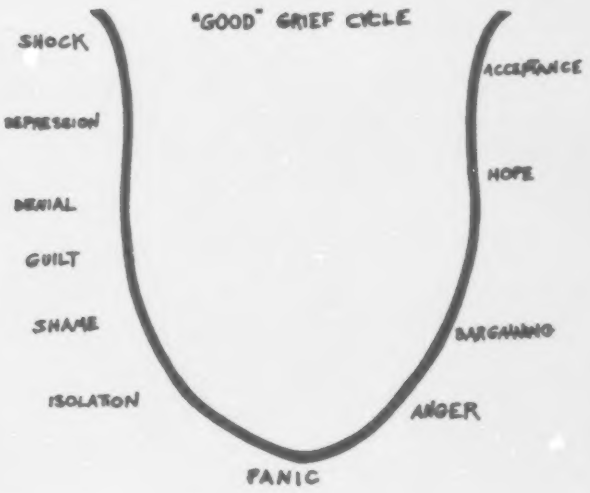
Suggested Activity 4

The professional presenter should:

- Distribute the handout, "Putting It All Together" (20-5).
- Tell participants that this handout lists skills in each area that facilitate the coordinator role.
- Ask participants to check items on the checklist that apply to them.
- Allow five minutes to complete handout.
- At the end of the time period, conclude the activity by suggesting that the items listed on the handout may serve as guides or reminders of important aspects in each area.



WORKING TOWARD ACCEPTANCE



Directions: Read each example, then write which stage on the grief cycle that the statement represents.

1. Father of a Down's Syndrome child says, "It doesn't matter what program my child has, he'll never be able to get dressed by himself."

   Stage of grief cycle represented: ____________________

2. Mother of a learning-handicapped child says to the classroom teacher, "So, you haven't done your job! We put Frank in this special program so he would learn enough to enter kindergarten. Now, you say he's not ready! I'm taking him out of here right now."

   Stage of grief cycle represented: ____________________

3. Mother of four-year-old orthopedically-handicapped child says, "Yes, there are programs for my child, but I think she needs to stay home with me. Children can be so cruel. I'm sure she'd be teased."

   Stage of grief cycle represented: ____________________

4. Father of four-year-old child (who has no words) says, "I don't see any need for this fancy testing. Children all grow differently. He's just a slow talker. I'm sure he'll outgrow it."

   Stage of grief cycle represented: ____________________

5. Seven-year-old brother of two-year-old cerebral palsied child says to mother, "Leave him home. People always look at us when he goes with us."

   Stage of grief cycle represented: ______________________________

6. Grandmother says, "I heard about this new exercise program for children with motor problems. If you try enough new techniques, I'm sure things will get better."

   Stage of grief cycle represented: ______________________________

7. Five-year-old sister of physically-handicapped child says, "I never get to go anywhere. You are always taking Jeffrey to the doctor or somewhere. Why can't you take *me* someplace for once?"

   Stage of grief cycle represented: ______________________________

SETTING PRIORITIES

Priority	Hours per Week Spent on Priority	Prior of Imp
Family growth • Leisure-time activities that include all family members.		
Personal growth • Time alone. • Reading, exercise. • Parent-support group.		
Special-child growth • Doctor's appointment. • School participation. • Meeting with therapist. • Implementing home program.		
Other children's growth • School participation. • Extracurricular activities. • Homework.		
Social growth • Parties. • Meeting friends.		
Work activities • Home. • Community. • Financial planning.		

SUGGESTIONS FOR RECORDKEEPING

(for presenter's use only)

The following list of materials could be included in your child's homefile. Place material in three-ring notebook, with tabbed dividers, so additional information can be included.

Medical Records

- Developmental history
  - (pregnancy and birth, family history)
- Immunizations
- Birth certificate (copy)
- Doctor reports
  - (pediatrician, allergist, orthopedic specialist, ear and eye specialist speech therapist, neurologist)
- Therapy reports
  - (speech therapist, occupational therapist, physical therapist, etc.)
- Agency reports
  - (Regional Center, Community Mental Health, etc.)
- Record of contacts
  - (date, name, purpose, outcome)

School Records

- Individual Education Program (IEP)
- Communication (school staff)
- Assessment reports
  - (psychology, language, health, academic, vocational, etc.)
- Educational history
- Report cards
- Examples of school work
- Vocational testing
- Other

Personal/Social Records

- Child's interests
- Clubs and organizations
- Family history
- Camps
- Special awards
- Pictures
- Other

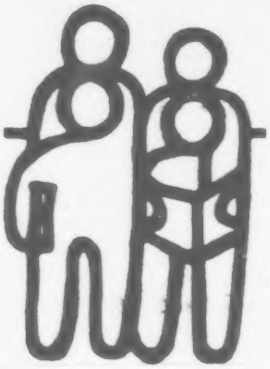
Other Resources

- Financial
- Legal
- Community agencies
- Bibliography
- PL 94-142
- Master Plan 1250/3635
- Other

SAN DIEGO CITY SCHOOLS
Special Education Department
483-0710

RECORD KEEPING

A Parental Responsibility



"The parent is the primary helper, coordinator, observer, recorder, keeper, and decision maker for the child"

CHILD INFORMATION FORMS

The following forms:

1. BACKGROUND INFORMATION
2. DEVELOPMENTAL HISTORY
3. CHILD'S RECORD OF MEDICAL INFORMATION/ FAMILY HEALTH HISTORY
4. EDUCATIONAL HISTORY

are included in this handout. Complete the forms, or sections of the forms, which are appropriate for your child. You will then have a reference guide to use when making application to a new agency for services for your child.

It is suggested that the forms be inserted in a notebook where you can also file items such as

- medical, educational, pscychological, and/or therapy reports
- your child's IEP and progress reports from the school
- copies of letters you've written or received concerning your child
- a log of phone calls and visits to agencies and professionals (include dates, names, phone numbers, purpose and outcomes of such contacts).

When all of the available information about your child is kept together in one place, it will be easier for you to keep track of it. Remember to keep your notebook up to date. You may want to take it with you when you go to your child's school for an IEP meeting, or to a new agency or service provider.

ALL OF THE FORMS ARE FROM DIRECTIONS II: A WORKBOOK FOR FAMILIES, DEVELOPED AND PRODUCED BY WESTERN LOS ANGELES DIRECTION SERVICE.

BACKGROUND INFORMATION

Why use this form?

Almost every agency with whom you come in contact will ask you questions about the background and service history of your child. These questions are a standard part of the "intake" process of most agencies. Many parents express frustration at having to answer the questions over and over. But the process is probably necessary because it is important that the agency that is about to begin serving you should know about what services you have received in the past so they don't do things over that have already been done. These kinds of questions also serve to orient and acquaint the professional with your child and your family. You may find that you save a lot of time and are less frustrated if you write down all the significant background information about your child here so that you don't have to try to remember the names and places you have been "on the spot", or dig through your purse or wallet for several tiny scraps of paper, business cards or old reports. This form, like most of the others that follow, is designed to save you time in the "long run" if you take time to fill it out now.

When to use the form:

When you go to a new agency to be used as an aid in answering questions.

Before you go to the agency, you might send the form ahead, so they don't have to ask so many questions.

When your child starts a new school program.

When someone asks you the name of a professional or agency who has provided service to your child.

SERVICE HISTORY

Medical:

Family Doctor ______________________________
Name Specialty Address Phone

Pediatrician ______________________________
Name Specialty Address Phone

Other Medical Specialists Who Have Evaluated or Treated Your Child:

Name	Specialty	Type of Service Given	Approx. Dates of Service	Address	Phone

Educational:

______________________________ ______________________________
Nursery School Name City Age(s) while enrolled

______________________________ ______________________________
Kindergarten Name City Age(s) while enrolled

Other Schools Attended:

Name of School	Type of School (K-6, K-8, etc.)	Location	School District	Dates Attended	Type of Special Service Received

Has Child ever skipped, failed or repeated a grade? ______________________________

____

____

Present School ______________________________
Name Address City

______ ______ ______ ______
Phone Grade District Teacher

______________ ______________
Principal Counselor/Psychologist

____
Other School Personnel working with your child (Aides, Therapists, etc.)

Type of School:

( ) Residential ( ) State School ( ) Public School ( ) Not in School

( ) Private School ( ) Hospital

Special Services presently received - What Services? How Often?

____

Date ________

BACKGROUND INFORMATION

Full Name of Child: ______________________________
Last First Middle

Sex: ______ Age: ____________ Date of Birth: ______________________
Years, Months

Phone: ____________ Child's Address ______________________________
No. Street City Zip

Full Name of Mother ______________________________
Last First Middle

Mother's Place of Employment ______________________________ Phone ____________ ( )
Company Occupation Check if O.K. to call

Father's Place of Employment ______________________________ Phone ____________ ( )
Company Occupation Check if O.K. to call

☐ Mother's ☐ Father's address if Not Living in the Home ______________________________

Phone ______________________

In Case of Emergency, if Parent (Guardian) not Available, Contact:

____
Name Relationship Phone

______________________ ______________________
Street Address City

Hospital to be used in case of Emergency ______________________
Name City

Other person's living in the home:

	Name	Sex	Age	Relationship
1.				
2.				
3.				
4.				
5.				

Marital Status of Natural Parent ______________________

Family Members Licensed to Drive ______________________________

______________________________ Number of Cars ________

*Family Income: Under $5,000 ____, 5,000 - 10,000 ____, 10,000 - 15,000 ____,

15,000 - 20,000 ____, 20,000 - 25,000 ____, 25,000 - 30,000 ____, over 30,000 ____

**Family Religious Preference ______________________

---

* In most cases, cost of services becomes an issue and agencies can serve you most effectively if they have some idea of family income.

** Religious information is requested because some service providers focus their activities toward particular religious groups.

DEVELOPMENTAL HISTORY

Why use this form?

Many agencies ask you to tell them something about your child's development. They usually ask you at what age your child was able to do certain things, like crawl, walk, or talk. It is especially difficult to recall all these "developmental milestones" when you have more than one child in your family or a number of years have passed since your child began walking, talking, etc. The task of answering questions about your child's development will be much easier if you fill out the form and have it as a reference for future use.

When to use this form

When visiting a new physician or health service.

When you are required to fill out similar forms for agencies serving your child.

When developmental "delays" need to be documented to establish eligibility for special services.

Definitions of terms requiring explanation

Present Functioning:

Ambulation (crawl, walk, run, hop, skip, use a tricycle)

Describe the ways your child presently is able to move from one place to another, and what method(s) he uses. Briefly describe any problems in ambulation or movement. (e.g., limps, has difficulty riding a two wheel bicycle, etc.) Be sure to note things your child may be particularly adept in as well as problems.

Manipulative ability (grasp, hold, lift, carry, release, push, pull)

Describe your youngster's ability to manipulate objects. This item is most useful in describing young children or a youngster with a physical limitation. If your child has no difficulty in this area, just write, "normal abilities for his/her age."

Additional Comments

If there is any significant aspect of your child's growth pattern not mentioned in the form, write such information here. Note any particular ability or behavior that your child may have developed at a seemingly early age as well as things that seemed to develop later than usual.

What School personnel (past or present) know your child well?

Name	Position	School

Other Services - Please list all clinics, agencies, hospitals, programs, or individuals from which the client has received services (Educational, medical, psychological, vocational)

Name of Provider	Agency	City	Dates of Service	Type of Service	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

What past or present service providers know your child well or are particularly familiar with an aspect of his growth and development?

Summary of current services being received.

List all services, programs or regular activities currently attended by your child. Specify days attended and the hours attended.

Service	Days Attended (Circle)	Hours Attended
1. School	Su, M, Tu, W, Th, F, Sa.	
2.	Su, M, Tu, W, Th, F, Sa.	
3.	Su, M, Tu, W, Th, F, Sa.	
4.	Su, M, Tu, W, Th, F, Sa.	
5.	Su, M, Tu, W, Th, F, Sa.	
6.	Su, M, Tu, W, Th, F, Sa.	
7.	Su, M, Tu, W, Th, F, Sa.	
8.	Su, M, Tu, W, Th, F, Sa.	

Name of person completing form: ______________________

Person Completing Form ____________ Date Form Completed ____________

DEVELOPMENTAL HISTORY *

Feeding history: ____

____

____

Sleep History: ____

____

____

Note age at which your child accomplished the following:

1. Hold head up ________
2. Smile ________
3. Roll over ________
4. Sit up alone ________
5. Crawl ________
6. Stand alone ________
7. Walk alone ________
8. First tooth ________
9. First word ________
10. Put words together ________
    Put phrases together ________
    Put sentences together ________
11. Drink from glass or cup ________
12. Eat solid food with fingers ________
13. Use a spoon ________
14. Indicate need to use toilet ________
15. Toilet trained - bladder ________
16. Complete care of self at toilet ________
17. Dress himself ________
18. Wash himself ________

Date of last bedwetting: ____

Is bedwetting a problem? ____

____

____

Present functioning:

Ambulation (crawl, walk, run, hop, skip, climb, use a tricycle):

____

____

____

Manipulative ability (grasp, hold, lift, carry, release, push, pull):

____

____

____

Any separations from family? ____

When? ____

Reasons: ____

____

*From Parents of the Handicapped in Partnership with Helping Professionals by the National Learning Resource Center of Pennsylvania.

Does child have any unreasonable fears or worries? ____________________

Describe ____

____

____

____

____

Temper tantrums? ____________________ At what age? ______________

List any undesirable habits (biting fingernails, etc.): ______________

____

____

____

____

Describe any traumatic or unusual experiences: ____________________

____

____

____

Additional Comments: (List any other aspects of your child's development that seems significant) ______________________________________

____

____

____

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RECORD OF
MEDICAL INFORMATION

Why Use This Form?

Thorough and accurate medical records are essential to your child's receiving quality medical services. Some of the items included on this form may benefit a physician or health professional in diagnosing and treating your child.

There are some items that are called for on this form that will be difficult or impossible to fill in because you do not have access to the needed information. Be as thorough as you can, but don't feel a compulsion to fill in all the information that is difficult to acquire.

If your information is thorough and up-to-date, you may be able to reduce the amount of time a physician has to spend with your child and re-questioning of you and your child.

When to Use This Form

-- Previous to the school assessment to assist school officials in determining if a current medical evaluation is needed.

-- When visiting a new physician or specialist recommended by another physician.

-- When moving to a new community and starting services with new physicians.

-- To have available for the school nurse, should she request such information.

-- When requesting that an agency forego an expensive medical re-evaluation in order to establish eligibility. This form may provide the information needed to secure current medical reports that could avoid another expensive evaluation.

-- As an ongoing record and reminder to update routine physical examinations or re-evaluate the use of certain medications.

The following form was adapted from the Family Medical Record, Virginia Apgar, M.D., M.P.H., and "Medical History" and "Birth History," Parents of the Handicapped in Partnership with Helping Professionals, by the National Learning Resource Center of Pennsylvania.

CHILD'S RECORD OF MEDICAL INFORMATION

FAMILY HEALTH HISTORY

Information about the health of your immediate family may prove useful in the diagnosis and treatment of problems related to your child. Make note of any serious or chronic diseases in your family, with special attention to those listed below. It also helps to note the age when the disease first occurred.

Be sure to include:

- Allergies
- Arthritis
- Cancer
- Diabetes
- Epilepsy
- Hearing defects
- Heart defects
- Hypertension
- Mental illness
- Mental retardation
- Obesity
- Tuberculosis
- Visual defects
- Other recurring family diseases

Name	Birth Date	Blood Type & Rh	Occupation	Diseases, etc.	If Deceased, Age & Cause
Husband					
his father					
his mother					
brothers & sisters					
Wife					
her father					
her mother					
brothers & sisters					

CHILD'S BIRTH RECORD

Be sure to note such details as duration of pregnancy, length of labor, Cesarean delivery, use of forceps, newborn respiratory distress, jaundice or birth defects. If you are Rh-negative and the child was Rh-positive, were you given the Rh vaccine?

Name	Date	Sex	Wt.	Blood Type & Rh	Apgar Score	Hospital City	Physician	Mother's Age

Length of Pregnancy: ____________ Hospital: ____________

What medications did you receive? ____________

Any vaginal bleeding? ____________ How long? ____________

During this pregnancy, did you experience:

Spotting ____
Exposure to X-ray ____
Rashes ____
High temperature ____
Diarrhea ____
Surgery ____
Excessive vomiting ____
False labor ____
Illnesses ____
Exposure to contagious diseases ____

Comments on above: ____________________

Did your doctor note:

High blood pressure? ____
Convulsions? ____
Fluid retention? ____
Medication received (type) ____
Medication received (type) ____
Medication received (type ____

Did you have any serious accidents during pregnancy? ____

Please explain. ____________________

Birth Information

Birth weight: ____ Length: ____

Duration of labor: ____ Type of delivery: ____

Anesthesia used? ____

Any labor complications? ____

Any transfusion given? ____ Mother ____ Child ____

Did mother hear baby cry soon after birth? ____

Did baby require resuscitation? ____

Was baby in an incubator? ____ How long? ____

Did the doctor tell you why? ____

Postnatal Information

Length of hospital stay: Mother ____ Child ____

Mother's postnatal health: ____

Did the baby seem to tremble or shake? ____

Any convulsions? ____ When? ____

Any evidence of jaundice? ____ If so, when was it evident? ____

How long did it last? ____

Any scars, deformities noted? ____

Was baby breast fed? ____ For how long? ____

Any problem sucking? ____ Chewing? ____ Swallowing? ____

INCOMPLETE PREGNANCIES

A complete reproductive history includes details of spontaneous or induced abortions, miscarriages and stillbirths. If you are Rh-negative and the fetus was Rh-positive, whether or not you were given the Rh vaccine is relevant here, too.

Termination	Duration	Circumstances	Termination	Duration	Circumstances

CHILD'S RECORD OF ILLNESSES

List accidents, surgery and illnesses, including chicken pox, mononucleosis, hepatitis, measles, German measles, mumps, strep throat and whooping cough. If there was surgery, specify what was repaired or removed and note X rays taken, medications and diet.

Name	Date	Length of Illness	Nature of Illness, Injury or Surgery	Physician	Office, Clinic Hospital	Treatment

HEALTH AND ACCIDENT INSURANCE INFORMATION

Name	Policy Number	Date Issued	Company	Type of Coverage	Premium

PAYMENTS RECEIVED AGAINST HEALTH INSURANCE POLICY

Name of Policy	Date of Payment Received	Payment Received for:

IMMUNIZATION SCHEDULE

2 months	Diptheria/Tetanus/Pertussis (whooping cough) vaccine, first shot; polio vaccine, first dose
3 months	DTP, second shot
4 months	Polio vaccine, second dose; DTP completed
6 months	Polio vaccine completed
12 months	Tuberculin test; rubeola (measles) vaccine
1 - 12 years	Rubella (German measles) vaccine
15 - 18 months	Polio booster; DTP booster
4 - 6 years	Polio booster; DTP booster
12 - 14 years	Tetanus/Diptheria Toxoid (adult form); mumps vaccine
Thereafter	Tetanus/Diptheria toxoid every 10 years

IMMUNIZATION RECORD

Enter month and year of completed series, boosters, single immunizations

Immunizations	Child	Child	Child	Child	Mother	Father
DTP completed						
boosters						
Polio completed						
boosters						
Tuberculin test						
Rubeola (measles)						
Rubella (German measles)						
Tetanus/Diptheria toxoid						
Mumps						
Other						

PERIODIC PHYSICAL EXAMINATIONS

Name	Date	Physician/ Clinic	Ht.	Wt.	Blood Pressure	Findings, Advice or Instructions

MEDICATIONS

Note any medications that your child has taken in the past or is presently receiving, the condition which makes the medication needed, the doctor who prescribed the medicine, and the dosage, if it is known to you. Also comment on the effectiveness of the medication, according to your observations as a parent.

Medication	Approx. Date Prescribed	Presently Taking (✓)	Dosage	Prescribing Doctor	Condition For Which Prescribed	Effectiveness

EDUCATIONAL HISTORY

Why Use this Form?

Teachers and school programs change from year to year. It is important that you keep an up-to-date history of the types of educational services your child has received so that you can present new teachers and programs with an overview of your child's school history. The school maintains cumulative records on your child, but there may be aggravating delays in transferring such records to another school or agency so that your child can receive the services s/he needs in a timely manner. Some services may accept your educational history in lieu of requesting school cum files.

It is also important to maintain consistent and continuous records on your child's progress in school, especially with regard to test data that chronicles your youngster's improvements in basic skill areas.

Some of the information contained in this form will be useful to school personnel who are helping to plan the most appropriate educational program for your child. You may be able to provide valuable information on what programs or types of persons have seemed most effective in dealing with your child, and which services or "teacher styles" seemed ineffective. Some of the items in this form may also be helpful in alerting teachers and school personnel to problems they may anticipate in dealing with your child. It is best to be honest about such past difficulties so school personnel can plan strategies to counteract problems before they reoccur. Don't be afraid to list such problems because you are afraid they will bias the teacher or school staff toward expecting your child to behave inappropriately. Most children inevitably "slip" back into old habit patterns regardless of who knows about their past history of problems. But if new people are better prepared to cope with these problems, your child may benefit.

This form will also help school officials to try to program activities that build upon your child's strengths as well as his weaknesses.

When To Use This Form

-- When moving to a new school.

-- To familiarize a related educational service provider (e.g., tutor) with your child's past educational history.

-- To assist you in contributing ideas toward the development of the individualized educational plan.

-- When school officials are planning your child's educational program.

-- When new achievement or other test data are reported to you.

EDUCATIONAL HISTORY

SCHOOL HISTORY

Name of school attended: ______________________________

Dates Attended: ______________________________

Grade or Class	Teachers

Principal: ____________________

Others Involved (Nurses, Psychologists, Counselor - List only if they had a significant involvement with you or your child.)

____________________ ____________________

____________________ ____________________

Describe your child's progress in each of the grades as best you can:

Achievement Data - List the results of any achievement tests that were given to your child that were reported to you:

Name	Date Given	Results

Have there been any teachers that seemed particularly effective in dealing with your child? If you can, describe why they were effective and what they did. Are there any particular personality characteristics that you have observed in teachers to which your child responded particularly, positively or negatively?

To your knowledge, what test or evaluation data has been done on your child?

Type of Education	Person Administering Agency & Address	Approximate Date	Results If Known

To your knowledge, were any methods or materials used to teach your child that seemed particularly effective:

What does your child like **best** in school?

What does your child like **least** in school?

Does your child experience particular difficulty in getting along with other children or adults in school? Yes ☐ No ☐

(If Yes) In what settings do problems usually occur?

What kinds of things does your child do in each of these settings that creates problems. (Give examples.)

What strategies have been employed to reduce these problems? Comment on their effectiveness.

PUTTING IT ALL TOGETHER

Directions: Check the items that apply to you:

Home skills	Yes	No
Do you try to maintain a secure, balanced home life where:		
-The special child is an integral part of the family?	____	____
-All children are treated similarly (have chores, responsibilities, parent expectations), if at all possible?	____	____
-The atmosphere is one where qualities such as curiosity, humor, imagination, and learning are fostered?	____	____
-The child's horizons are expanded to include the neighborhood, stores, restaurants, extended family, and friends?	____	____
-Good communication skills are practiced?	____	____
-Other members of the family are familiar with child's program and understand the child's special needs?	____	____

School skills	Yes	No
Do you maintain contact with your child's school experiences by:		
-Inviting child's school friends to your home?	____	____
-Visiting the school regularly?	____	____
-Having other family members visit the school?	____	____
-Attending the school open house?	____	____
-Maintaining an overview, or overall plan, of the child's educational progress?	____	____
-Staying aware of educational alternatives?	____	____
-Maintaining open communication between self and school personnel? (Know names and phone numbers of all those who are a part of your child's education. Be a real person to them, more than just a name or phone number.)	____	____
-Knowing what is in your child's permanent record (cum) folder?	____	____
-Staying aware of your child's daily routine at school?	____	____
-Familiarizing yourself with the content of the Individualized Education Program (IEP) for your child? (Do you know what services are being offered? By whom? How often is your child receiving special education services? When is the IEP up for review? Are the goals in the IEP appropriate for your child now?	____	____
-Knowing who is administering your child's medication at school, if this occurs?	____	____

	Yes	No
-Becoming more educated about your child's disability? (Attend a class, communicate with other parents, find a support group, etc.)	____	____
-Sending "home news" to the school, if appropriate?	____	____
-Knowing your rights and responsibilities according to federal and state laws?	____	____
-Making regular teachers aware of your child's handicap, and making yourself available to answer questions that they might have during the year, if your child attends any regular classes?	____	____

Community skills

Do you make the best of these resources by:

	Yes	No
-Making a list of your child's needs that are not served by the public school system?	____	____
-Searching out all available resources for your child and yourself?	____	____
-Keeping an overall recordkeeping notebook for your child? All your children? (Include records from school and agencies, and details of services rendered. Also, include progress made in different areas, certificates, etc.)	____	____
-Making sure that communication between all the various professionals who deal with your child is maintained?	____	____
-Keeping an appointment book?	____	____
-Taking care of legal needs (insurance, wills, endowments, etc.)	____	____
-Making sure your child has opportunities for exercise and recreation?	____	____
-Being a confident advocate for your child?	____	____

Skills elsewhere

Do you:

	Yes	No
-Give yourself a chance to "get away," have a portion of your life that is not child-oriented?	____	____
-Spend time building relationships with other adults?	____	____
-Get enough rest and exercise?	____	____
-Have someone to talk to when you need an outlet?	____	____

Parent Presentation

The parent presenter should:

- Introduce yourself and tell about your children (their ages, developmental levels, personality differences and so on).
- Tell participants something about your handicapped child, name, age, and type of handicapping condition.
- Share with the group how you see yourself functioning as a coordinator for your child. Tell about successful experiences you have had as well as experiences that have been difficult.
- Discuss when you have assumed different parent roles (parent as audience, parent as supporter, parent as learner, parent as teacher). Tell participants in which situations you see each role as appropriate.
- Explain where you see yourself in the grief cycle? How does it affect your role as coordinator? Describe where you see other family members in the grief cycle.
- Discuss how you balance your individual priorities with your family priorities and the needs of your special child.

5

Small-Group Activity

The professional presenter should:

- Ask participants to break into small groups. Decide how you will divide the groups--by location in the room, by numbering off, by ages of children, or by whatever method that works best.
- Choose a group leader who has been briefed on the small-group activity. The small-group leader should have group facilitation skills.
- Sit in on as many small groups as possible to see that the activity is proceeding as planned.

The group leader should:

- Before you begin activity, ask participants to introduce themselves and tell how many children there are in the family.
- At the end of the circle, introduce yourself and tell a little about your family.
- Explain that the activity is planned as a discussion starter, and encourage your group to ask questions and speak out.
- Begin the activity by asking participants to refer to the handout, "Putting It All Together" (20-5). Ask participants which items were the easiest for them to check "yes." Ask participants to share any behavior they would like to improve in any of the areas.
- As time permits, ask participants to discuss the small-group discussion questions that follow this section.
- At the end of the time period, hand out the evaluation sheet and the parent summary sheet. Collect the evaluations.

Small-group discussion questions for participants.

1. Share one example where you felt that you served as a coordinator for your child.
2. Have you ever encountered problems when serving as a coordinator? What, if anything, would you have done differently?
3. Refer to the handout, "Working Toward Acceptance" (20-1). Identify where you see yourself on the grief cycle, and compare it to where you see other members of your family on the grief cycle. How does your position on the grief cycle affect your role as coordinator?

4. How do you feel about this position: Parents are useful contributors in the schools. They can provide help in the classroom, help at bake sales, and provide the school with needed information about their child. However, it is the administrator's role to make policy decisions and to establish program goals. Parents should not be involved at this level.

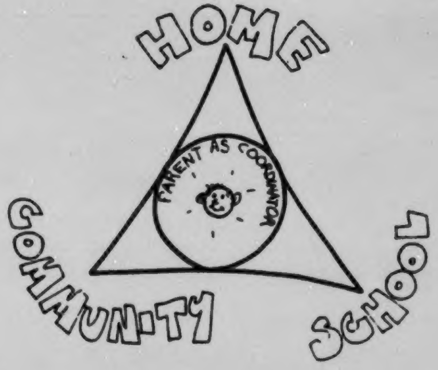
5. Respond to this statement: "I'm a parent. I don't want to work with my child at home. That's not my job. That's not what I'm trained to do. If I'd wanted to be a teacher, I would have chosen that profession."

Parent Summary Sheet

> "Parents have to be recognized as special educators, the true experts on their children; and professional people--teachers, pediatricians, psychologists, and others--have to learn to be consultants to parents."
>
> --Nicholas Hobbs, 1978

The parent role of coordinator is an extensive one. School, home, and community each play a role in providing services. The parent role is to actively monitor and coordinate the services each provides.

PARENT INVOLVEMENT ROLES



Parents must coordinate their involvement in a number of roles:

-Parent as audience

-Parent as supporter

-Parent as learner

-Parent as teacher

-Parent as coordinator

Factors that affect the parent's role as coordinator are (1) Understanding and accepting their child's functioning level, and (2) Setting family and personal priorities.

RECORDKEEPING

Parents of handicapped children are responsible for keeping so much paper work that they should develop some type of organized system. Some suggestions that have worked for others are:

1. Keep a three-ring notebook with tab dividers.
2. Try using separate dividers for each area of involvement with your child.
3. Keep records in a single location.
4. Keep records up-to-date, so it's not such a big job to catch up.
5. Keep a small pocket calendar to remind yourself about appointments.
6. Write in pencil.
7. Bring appointment book with you to schedule future visits.

SUGGESTED READINGS

Forte, Imogene, and Jay MacKenzie. *The Teacher's Planning Pak and Guide to Individualized Instruction.* Nashville, TN: Incentive Publications, 1978. Clear, concise tips to help teachers move toward personalized instruction.

Markel, Geraldine, and Judith Greenbaum. *Parents Are to Be Seen and Heard.* San Luis Obispo, CA: Impact Publishing Co., 1979.
Step-by-step procedures to assist parents in dealing assertively with educators.

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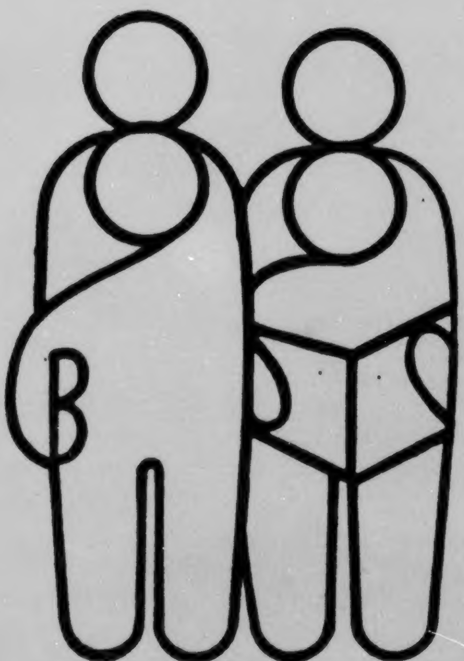
Working Together for Quality Education. Sacramento, CA: California State Department of Special Education, 1979.

A COORDINATOR'S GUIDE

CONNECTIONS: developing skills for the family of the young special child (0-5).



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1983

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I HISTORY OF CONNECTIONS

RATIONALE

NEEDS ASSESMENT

PURPOSE

PERSONNEL

BUDGET

CURRICULUM HIGHLIGHTS

SUGGESTIONS

RATIONALE

The rationale for parent involvement education with the young child emerges from three major sources:

1. Legal mandates to include parents in advisory and participatory roles.
2. Common sense analysis of the nature of childhood and the traditional role of the family.
3. Research literature documenting the positive influence of parent participation on child performance.

PL 94-142 mandates parent participation, 1) in the processes of planning, implementing and evaluating the child's education at home, at school and in the community, and 2) in program policy making.

Stile, Cole and Garner (1979) see parents in strategic positions to participate in early intervention. Because parents know their children best, and spend more time with them, they can work on a one-to-one basis, thereby reducing instructional and other service costs. Allen (1980) sees parent participation enabling parents and teachers to establish similar goals which will facilitate new skill acquisition and enhance generalization of skills that are taught in the classroom.

Research supports the position that when parents are involved children perform better. In summarizing longitudinal studies of parent involvement Bronfenbrenner (1974) states: Evidence suggests that the family is the most effective and economical system for fostering and sustaining the development of the child. Without family involvement any effects of intervention, at least in the cognitive sphere, appear to erode rapidly once the program ends. In contrast, the involvement of the parents as partners in the enterprise provides an ongoing system which can reinforce the effects of the program while it is in operation, and help to sustain them after the program ends.

Most longitudinal studies on early intervention and parent involvement are found in the Head Start literature. This model of parent involvement was directed towards a low socio/economic population. Consequently, many of the parent training components did not apply to the middle and upper income families of handicapped children. Parents of handicapped children did need to learn about normal growth and development and parenting skills, as addressed in previous models, in order to interact effectively with their child. In addition, they needed to 1) obtain information concerning the child's handicap; 2) understand the dynamics and demands a handicapped child places on the family system (Berger and Fowlkes, 1980; Foster and Berger, 1979; Drotar, Baskiewicz, Irvin, Kennel, and Klaus, 1975); 3) effectively work through the grief cycle in order to become accepting of their special child (Duncan, 1977); 4) develop support systems within and without the family (Birenbaum, 1970, Bricker and Casuso, 1979; Hayden and Haring, 1976; L'Abate, 1976; Minuchin, 1974), and 5) learn decision-making skills in order to become active participants in the planning, implementation and evaluation of their child's individual education plan. (Education Advocates Coalition, 1980.)

There is a need for a parent program to address these five components in addition to the areas already incorporated in existing programs. When the family is able to understand and accept their special child, and when the parent can coordinate home, school, and community resources for the maximum development of their entire family, all of society will benefit.

NEEDS ASSESSMENT

The private troubles experienced by families with handicapped children have been documented by Moroney (1981). They are:

1) additional family burdens
2) actual or perceived stigma
3) extraordinary demands on time for personal care of child
4) difficulty with feeding, washing, dressing
5) decreased time for sleep
6) social isolation from friends, relatives and neighbors
7) decreased time for leisure activities
8) behavior management difficulties
9) difficulty in performing routine domestic activities
10) general feeling of pessimism about the future

Therefore, one could assume that parents need education and support in order to understand and solve these problems.

Professionals working with handicapped preschool children in the San Diego Unified School District had indicated the need for the development of a sequential, self-contained parent education curriculum addressed to three basic needs of parents of handicapped children. Those needs included: 1) information concerning their child's handicap, 2) the ability to accept and be realistic about the handicapping condition, and 3) support from other parents of handicapped children. This assessment was completed in an informal interview process by the Special Education Parent Facilitators.

A recent survey of eleven states done by the Education Advocates Coalition (1980) indicated that parents cannot easily understand their rights and responsibilities because of incomplete and incomprehensible directives. This lack of understanding diminishes the possibility that parents will be fully informed members of evaluation and placement.

The President's Commission on Mental Health Task Panel on Prevention, February 15, 1979, states ". . . that major primary prevention efforts must be focused on prenatal, perinatal, infancy, and childhood periods . . .top priority for program development, training, and research in primary prevention should be directed towards infants and young children and their environments, including particularly efforts to reduce sources of stress and incapacity and to increase competence and coping of the young."

Connections was funded with a pre-incentive grant (PL 94-142) in the fall of 1980 in order to meet the above needs of parents who have a young special child, (0-5).

PURPOSE

The main purpose of the *Connection's* proposal was to develop a written parent education curriculum on twenty parenting skills which would help families better understand some significant aspects of raising a handicapped child within the family, community and educational system.

Not only would normal child growth and development and parenting skills be included, but information concerning the handicap, the family systems approach, acceptance of special child, development of support systems within and without the family, and skills leading to effective decision-making for active participation in the planning, implementation and evaluation of a child's Individual Educational Program (IEP) would also be addressed.

Parents had expressed a need for different types of parent involvement. Gordon, (1970) states ". . . there are different levels and types of parent participation with some roles resulting in greater effectiveness and power for parents . . ."

least
involved
most

1. Parents as an audience (passives)
2. Supporters and references (of child)
3. Learners (of child and self)
4. Teachers
5. Therapists
6. Decision-makers, policy makers and advisor

The ultimate goal of the developers of *Connections* was to develop skills for all of the above roles. The parent, then, would have the choice as well as the ability to be directly involved as a decision-maker and implementor in the IEP process, as well as being the main coordinator of home, school and community resources for their special child.

In addition to families of children, age 0-5, who have been designated as handicapped and being served by the Special Education Local Planning Area, other individuals who could benefit from this curriculum would be:

1. Professionals who work with high risk infants and young children with exceptional needs. Professionals are encouraged to attend the parent education classes in order to understand some significant aspects of raising a special child within the family system. The responsibility of educating a parent of a special child usually falls on the professional who works with the child on a regular basis.
2. Families of children who are concerned about the growth and development of their child but do not fit Special Education eligibility criteria.

3. Professionals and parents who work/live with children of preschool age. This curriculum is also designed for parents of children who attend integrated schools (handicapped and non-handicapped). The parenting skills in the guide are helpful in raising all children. Parents of non-handicapped children need to learn about handicapped children and the need for the least restrictive environment. The parent education course can "mainstream" parents.

4. Persons who wish to become more aware of what it is like to be economically, socially, and psychologically responsible for an impaired child.

PERSONNEL

In order to develop the grant the following personnel participated:

- Project Coordinator
- Resource Teachers
- Writers
- Special Education Parent Facilitators
- Advisory Committee
- Materials Development

    Editors
    Artists
    Printers
    Clerical Help

Unless noted, all persons are employees of the San Diego Unified School District.

Project Coordinator
Jeanne Mendoza
Parent Program Specialist Community Education

The project coordinator researched and wrote the grant, chaired advisory committee meetings, selected personnel, organized writers, developed and implemented curriculum, approved curriculum and evaluated the project.

Resource Teachers:

Ann Van Sickle
Special Education Parent Facilitator Resource Teacher

Assisted project coordinator, developed and implemented curriculum, field tested final curriculum, modified as necessary, coordinated Special Education Parent Facilitators relating to grant, and teamed with editor and artist for final printing.

Karen Cosgrove
Nurse/Educator for Special Education Parent Facilitators

Implemented a pilot program (pre-grant), developed and implemented curriculum.

Mary Sue Glynn
Preformal Resource Specialist

Assisted in pilot program and developed and implemented curriculum.

Writers

Amee Hadr	Special Education Teacher, Physically Handicapped
Jan Mc Daid	Psychologist/Infant Program
Mary Ann DiSabato	Language Speech and Hearing
Maureen Sage	Parent of a Severely Handicapped Child
Robyn Van Der Laan	Social Worker at Children's Workshop

Special Education Parent Facilitators

Special Education Parent Facilitators are parents of handicapped children who are employed by the San Diego Unified School District for the purpose of providing education and support to other parents of handicapped children. These parents were trained by a Pre-School Incentive Grant (February, 1978 - June, 1980). Their role for *Connections* was to 1) team teach with professionals, 2) facilitate small group activities, 3) publicize the program and recruit parents, and 4) serve as a support and an extension to the actual class presentation. This supports a review of the literature which indicates that trained paraprofessionals were the most effective in educating parents as they inspire great trust in parents, are better attuned to cultural clues and are less likely to offend parents' sensitivities. (Levitt, etc., 1976)

The facilitators (audio-visual committee) also previewed and recommended all media materials proposed for use in the curriculum.

Although all of the Special Education Parent Facilitators participated in the grant implementation, special thanks go to:

Sharon Brent
Joan Captain
Jean Dailey
Cindy Evans
Diane Filley
Sarah Gonzales
Clo Harder
Gloria Jefferson
Judy Maleki
Sue Maurer
Karen Russell
Susan Smith
Jo Ann Stamper
Chris Tedeschi
An Tran

Advisory Committee

The Advisory Committee consisted of professionals/parents in the community who had worked and lived with handicapped children. The committee's main purposes were to determine content area of the course, assist in finding existing parent education material, assist project staff in recommendation of personnel, and assist project personnel in implementation and evaluation of actual curriculum. The committee met four times.

EDITORS:

Carolyn Hultgren
Cheryl McKinney

ART WORK:

Joan Captain

CLERICAL:

Barbara Boland
Ethel Hutton
Jean Kebert
Kitty Perreira
Sylvia Schwartz

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  Resource Teacher

*Mary Von Radic
  Teacher/Project SHAPE

*San Diego Unified School District

BUDGET

Budget for the grant included portions of selected personnel's salaries plus:

Instructional material	$1,000.00
Audio Visuals	6,000.00
Books, Movies, etc.	
Editing and Duplicating	3,800.00
Child Care	500.00
Dissemination/Travel	2,000.00

Total budget.....................$47,000.00

CURRICULUM HIGHLIGHTS

Following is an outline of the twenty skills which are divided into four main categories:

SKILL	TITLE
1. Accepting individual differences within the family	*You and Your Child are Unique*
2. Coping with a special child	*Why Me?*
3. Understanding the feelings and attitudes of siblings/ extended family toward the special child	*We're in this Together*
4. Reducing family stress	*HELP!*

II ENCOURAGING THE CHILD"S GROWTH AND DEVELOPMENT (0-5)

SKILL	TITLE
5. Strengthening physical growth	*Watch Me Grow*
6. Building thinking/cognitive skills	*I'm Learning*
7. Helping language development	*Why and What If*
8. Improving social skills	*It's Mine*
9. Teaching self-help skills	*I Can Do It Myself*

III DEVELOPING PARENTING SKILLS

SKILL	TITLE
*10. Examining parenting style	*Being a Parent isn't Easy*
*11. Learning how to listen (Communication I)	*Is Anybody Listening?*
*12. Learning how to be assertive (Communication II)	*Tell It Like It Is*
*13. Understanding behavior management (theory) I	*Accentuate the Positive*
*14. Applying the skills of behavior managment (techniques) II	*Who's in Control?*
15. Building self esteem	*Self Esteem is Everyone's Business*
16. Promoting family fun	*Fun is a Must*

IV COORDINATING THE HOME/SCHOOL/COMMUNITY

SKILL	TITLE
17. Working with the professionals	*They're Part of the Family Too*
18. Understanding the Individualized Education Program (referral to placement)	*What's an I.E.P.?*
19. Building successful conferencing skills	*We Work as a Team*
20. Coordinating the services (home/school/community)	*Putting it all Together*

*Recommended to be taught in continuous sessions.

- Each of the twenty skills contain:
  - objectives (suggested time schedules)
  - an overview of the module (skill)
  - introductory activity
  - professional presentation (with suggested activities and handouts)
  - parent presentation
  - small group activities
  - parent summary sheet
  - Bibliography (includes audio visuals)

- The suggested time schedule for each skill is two hours. This can be increased or decreased according to participants' needs.

- Each session includes a presentation by a professional and a parent, followed by a small group discussion. The presentation format has been designed as follows:

	Objective
Professional:	Gives information concerning the skill.
Parent:	Speaks of the ability to accept and be realistic and effective about their special child regarding the skill.
Structured Small Group Activity:	Develops a support system for parents of handicapped/ non-handicapped children

Leadership in this program can be provided by counselors, psychologists, teachers, nurses, language speech and hearing specialists, parents of special children, and others involved in parent education of young children.

- A parent summary sheet is included with each skill. This can be duplicated and given to parents for continuous reference. A Bibliography for further reading is also included in each summary sheet. All the recommended media in *Connections* has been reviewed by a team of parents of handicapped children.

- Each skill was field tested and evaluated in a 20-week parent education course during the 1981-82 school year. Professionals and parents of handicapped and non-handicapped children attended sessions. Modification of curriculum was determined by participants and presentors' evaluations.

- Each skill presented in *Connections* is self contained, making it possible for parent education to occur weekly, monthly, or occasionally. Support/ site staff and parents can determine the need for parent education and staff development at each site by means of the Needs Assessment.

The *Connections* curriculum was ready for dissemination in the Summer of 1982. The 537 page parent education curriculum was completed to develop skills for the parent of the young handicapped child 0-5.

II CURRICULUM DEVELOPMENT

RESEARCH

- existing parent programs
- parent stress and self concept
- family interaction and support groups
- professional / parent interaction
- adult learning

FORMAT

- introductory activity
- overview
- presentation
    - professional
    - parent
- questions and answers
- small group activity
- parent summary sheet
- evaluation

RESEARCH

In investigating the literature regarding parent education and the young special child, five main categories emmerged.

1. Existing Parenting Programs
2. Parent Stress and Self Concept
3. Family Interaction and Support Groups
4. Professional/Parent Interaction
5. Adult Learning

Existing Parenting Programs

Cartwright (1981) has identified the components of successful parent programs. These components are present regardless of type of program, role of parent, and type and degree of handicapping condition.

- Structure is obvious in the program; objectives for parents and children are clear, and procedures and responsibilities are described precisely.

- Ultimate goals for children involve functioning in the least restrictive environment, with the understanding that early, segregated experiences may be necessary as preparation for later, integrated experiences.

- Ultimate goals for parents involve participation in decision-making and policy discussions to prepare them to become advocates on behalf of their child throughout the child's life span.

- The decision about who will provide services in the treatment program has been resolved by using parents, teachers, paraprofessionals, and community volunteers.

- The intervention occurs early and is coordinated; parents need help to coordinate the intervention package.

- Programs are individualized, most often for the children but often for the parents as well.

- Planning emphasizes the reciprocity between parent and child and deals with the family as a unit.

In (1981) the California State Department of Education Handicapped Infant and Pre-School Program Guidelines stated that parents should become more self sufficient in interacting and making decisions regarding the special child. They suggested that parent/training programs should emphasize that the family:

1) become a strong advocate for the exceptional child
2) learn child development knowledge

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3) be confident in parent/child interaction
4) be experienced in play with child
5) be a key role in planning the IEP in securing needed support services
6) have working knowledge of the education and social service system

Lillie, D.L., et al, (1976) claimed that services to parents should have four components.

1. social/emotional
2. exchange of information
3. promotion of parent participation
4. improvement or extension of parent and child interaction

Parent Education Program planners initially intended to include parents primarily in the teaching role for their child, but learned that other family needs had to be met, which required the addition of other support systems within the model program. (Bricker and Casuso, 1979; Hayden and Haring, 1976). The linkages with other human service agencies are important to include in any parent program.

Sameroff (1979) felt a stronger emphasis needed to be placed on normal child growth and development including the perspective that emphasizes children as the source of learning in an environment that facilitates growth. The scene is a transactional one in which the child influences and is influenced by the environment or the agents of the environment (parents).

Many authors support the concept that parent services must match individual family differences and developmental changes. Winton and Turnbull (1981) interviewed parents of preformal handicapped children and rank ordered the following eight categories related to parent involvement as viewed by the parents they interviewed.

	% of parents who like activity	% of parents choosing most preferred
1) informal contact with teachers	100	65
2) parent training	84	13
3) opportunities to help others understand child	77	10
4) parent counseling	77	3
5) serve on policy board	71	0
6) volunteer outside of classroom	61	3
7) volunteer inside of classroom	59	3
8) no role	10	3

Suggestions for *Connections* Project Staff

1) Set objectives for each of the 20 skills and field test the objectives.
2) Emphasize that the ultimate goal is to train the parent to become the child's primary advocate.
3) Look at the family unit, not just the special child and mother dyad.
4) Assist parent in coordinating and understanding home, school, community services.
5) Emphasize normal growth and development.
6) Assist parent in learning how to interact effectively with their child (play.)
7) Train parent to become an active participant in IEP process.
8) Provide a means of social/emotional support with other parents of handicapped children (counseling) and helping others.
9) Stress that this curriculum does not take that place of informal teacher contacts.

PARENT STRESS AND SELF CONCEPT

Three factors in particular can influence how parents adjust to their child's handicap - (Schell 1981)

1) the severity of the child's handicap
2) support systems active with the family
3) external support systems

The literature regarding the presence of a handicapped child in the family is filled with dramatic details describing the trials and tribulations that families experience. Well known examples are the works of Drotar, Baskiewicz, Irvin, Kennell, and Klaus (1975); Olshansky (1962); and Solnit and Stark (1961). Without minimizing the struggles of the many parents who daily strive to provide the love, attention and hard work required by their child, it is hoped that an optimistic approach will give parents of handicapped children a means of finding ways within the family's life that can influence the ability to build a successful relationship with the child who has special needs.

Parents of more severely involved children are particularly vulnerable to experiencing difficulties in the bonding or attachment that is the basis for the developing of positive relationships. In extreme cases relationships may be abusive. Frodi (1981) and others (e.g., Gil. 1970; Kempe and Helfer, 1972) present correlational evidence that atypical infants/children are at particular risk for abuse.

Although the idea of professional "burnout" has become quite prominent in the literature, perhaps not enough attention has been paid to parental burnout. Hagen (1981, p. 5) has addressed this issue, identifying the following five stages of burnout that can apply to parents as well as to others who face relentless needs "to provide help and assistance often from birth to death":

- psychological...when people begin to feel tired, drained;
- social...when people become irritable;
- intellectual...when the burnout starts to effect the mind;
- psycho-emotional...when the person begins to perceive himself/herself as always meeting someone else's need;
- introspective...when the person begins to question his or her own value systems.

The existence of stress in families of a handicapped child is apparent when their divorce and desertion rates are compared with those of the general population. Love (1973) shows divorce and suicide for parents of mentally handicapped children to be disproportionately high: Three times as many divorces and twice as many suicides are reported. Desertion rates by fathers exceed the national average (Reed and Reed, 1965). A study by Gath (1977) of families with Down's Syndrome children found marital problems and divorce a difficulty not faced by her sample of parents of normal children, although Gath also found that almost half of the parents of Down's Syndrome children "felt drawn closer together and their marriage rather strengthened than weakened" (p. 409). The reality, however, is that many parents of handicapped children face problems alone or with only fragmented support. As one single parent noted, it requires "a lot of love, perseverance, and grit" (Robinson, 1979, p. 373)

Similarily, Cummings, Bayley, and Rie (1966) compared stress in mothers of chronically ill, neurotic, retarded, and healthy children as measured by clusters of traits concerning the mother's affect, self-esteem, and interpersonal satisfaction, than mothers of children in the non-handicapped control group scored more favorably in the other three groups. Mothers of mentally retarded and chronically ill children experienced the most negative impact. Cummings (1976) reported similar findings in a later study of the fathers of children in these groups. Findings such as these suggest that the amount of stress that parents experience is likely to vary as a function of the diagnosis.

A more severe handicapped child can produce more stress on the family because of care giving demands, services and differentness in appearance and behavior. The unusual and extended demands may be particularly important sources of stress for families. In a study reported by Beckman-Bell, (1980), the relationship between the number of parent and family problems reported by mothers on the Holroyd Questionnaire on Resources and Stress (Holroyd, 1974) and specific characteristics of handicapped infants was examined. Characteristics included the child's rate of development, temperament, social responsiveness, the presence of self-stimulatory behaviors, and additional or unusual care-giving demands. Of these five characteristics, the best predictors of the amount of stress reported by mothers were care-giving demands, responsiveness, and self-stimulatory behaviors. Care-giving demands alone accounted for 65% of the variance in the amount of stress reported.

Among the many tasks that all parents must face are the demands posed by providing routine child care to young children. Although the responsibilities of care-giving are numerous, basic tasks include feeding, handling, and the provision of any needed medical care. The negative impact of these various activities on mother-child interaction, the mother's self-concept, and parental stress has been discussed by a number of authors (Battle, 1974; Robson and Moss, 1970; Schaeffer and Emerson, 1964).

In cases where children present specific medical problems, there may be unusual demands for care in the home (for example, a parent may have to suction a child who has a respiratory disorder), and there may be an unusually high number of hospitalizations and visits to the physician (Freeston, 1971).

In addition to care-giving and added responsibilities, a number of severe behavior problems have been documented in samples of children who have a variety of handicapping conditions (Schroeder, Mulnick, and Schroeder, 1980). These behaviors take a variety of forms and include such problems as aggressive behavior, self-injurious behavior, stereotypic behavior patterns, and tantrums. The presence of serious behavior problems is often reported to be a source of great stress for parents, both as they attempt to handle problems in the home and as they take the child to public places (Kozloff, 1979; Marcus, 1977; Richman, 1977).

Thomas & Chess (1977) have done much research on innate characteristics and temperaments of children (0-10). They suggest that it may be possible to teach parents to respond in different ways that maximize the potential of a positive interaction between the parent and the child. Training parents to be aware of and respond sensitively to their child's behavioral style may prevent the development of a negative cycle and thereby help reduce any stress that might result when interaction does not proceed smoothly.

Suggestions for *Connections* Project Staff

1) utilize the successful experiences of other parents of handicapped children regarding -

    grief cycle (mixed feelings)
    acceptance
    respite care
    practical experience with coping/care-giving techniques

2) investigate stress reduction techniques and devote an entire session to those skills

3) incorporate parenting skills on behavior management and communication

4) investigate alternative means of program delivery because of working/single parents

5) include skills on developing parental self-esteem

6) include Thomas and Chess' temperament and developmental styles

7) include the child/parent bonding process in order to make parents more aware of successful bonding techniques.

Family Interaction and Support Groups

The family's basic function is to nurture, protect and sustain each of its members. The family systems theory--particularly the structural view of Minuchin and his colleagues (Minuchin, 1974; Minuchin et al., 1978) and the strategic approach of Haley (1973, 1976, 1980)--offers a useful conceptual framework for professionals working with families of a handicapped child. Many professionals (Berger and Fowlkes, 1980; Foster and Berger, 1979) have used the family systems theory in working with families of pre-school aged handicapped children.

One of the basic concepts of the systems approach is that problems are relational in a family and behavior can best be understood by examining the interrelatedness of all its members. This approach is also used as a way of mapping and describing family structure in families without problems as a means of prevention. In Systems theory one must look at three components: structure, hierarchy and life cycle. In other words, what is the family constellation; who holds the most and the least control in the family structure, and where is the family in its family life cycle: birth, children leaving home, etc. The family systems approach gives the professionals/parents a wider lens than some of the other approaches. However, it does not rule out existing parent training and education programs.

Rosenberg (1977) stated that parental commitment to the facilitation of their child's learning and development was highly related to the child's rate of development. In addition, there is some suggestion that the child's development may have a more global effect on the family as a whole.

Several studies have indicated that many parents experience decreased social support when their child is found to be handicapped. Birenbaum (1970) summarized: "There is lessened social contact between parents of mentally retarded children and members of their broader kinship network of family and friends. The diminished contact includes decreased visiting and home entertaining, a general decrease of social activities and less frequent contact and sense of closeness with friends."

A recent study (McDowell and Gabel, 1981) found significant small social networks for parents of mentally retarded infants as compared to a contrast group of parents of normally developed infants. Consistent with earlier research, the difference was due to reduced extended kinship networks.

External Support Systems

Parents of a handicapped child want to know the developmental potential of their child (Cunningham and Sloper, 1977) and want to find assistance from care providers, which leads them to seek services. The first hurdle is to discover whether there are in fact service providers who can help them. Concerns about the extent to which medical professionals will cooperatively serve their child, questions about programs to help different members of the family adjust to this special family member, or anxieties about educational opportunities the child will have are but a few of the things parents experience when looking for services. Since the parents know little about the extent of help available, it is important that the first people to help them provide current information. It is also crucial that initial contacts offer encouragement to the parents and help them adjust to the initial shock. Having quality information available regarding the medical, educational, and familial impact of a handicapped child can help satisfy the parents' many questions.

Eventually, parents will have less difficulty in wading through the maze of ideas, suggestions, recommendations, and options.

Parents generally claimed that as their knowledge grew, their self confidence as parents of a special child grew. As parents met parents of other special children, they realized others had experienced similar problems and they were not in isolation. This verified (Levitts , 1976) research on utilizing trained parents of handicapped children as an effective means of educating other parents.

Suggestions for *Connections* Project Staff

1) Make families aware that each member in the family has a responsibility for the funtion of the family.
2) Include family life cycle material and Erickson Developmental Tasks.
3) Look at the effect of types of handicap on the family system.
4) Design strategies to develop support within the family and extended family.
5) Develop skills for parents to investigate effective community resources: medical, support, educational.
6) Utilize Special Education Parent Facilitators to answer questions regarding appropriate resources and information regarding special child, as well as offer encouragement.

PROFESSIONAL/PARENT INTERACTION

It is of primary importance that teachers and interventionists recognize the extent to which the birth of a handicapped child may influence the stress experienced by families. In addition, consideration must be given to the dynamics of the interaction between the family and service delivery systems. Lillie and Trohaniz, 1976, state that ..."Goals for children will not be accomplished unless there is a close, compatible, multifaceted working relationship between the program staff and the family...". The role of a professional working with a young handicapped child is not the same as the role of a parent of a young handicapped child. Professionals are paid to focus primarily on the young child with whom they work. Parents must pay attention to the needs of their handicapped child, their own needs, and the needs of other family members. (L'Abate, 1976; Minuchin, 1974).

Some parents have the many acquired skills that are necessary to raise a handicapped child. Professionals need to investigate what skills each parent brings to each situation.

When professionals instruct parents on how to teach--how to explain the task, reinforce the child, structure the situation--without first ascertaining the parents' teaching abilities, they may convey the message that the parent is incompetent as an educator. It is perfectly reasonable in a classroom-based program for the teacher to be in charge of working with the child. This is the teacher's area of expertise. But when a teacher works with parents, it should be as an equal-status collaborator, with the teacher taking charge of programming for the child in the classroom and the parents taking charge of programming at home.

In families, hierarchies are usually age related with greater power and responsibility resting with parents. When working with families it is crucial to gain the support of the person who holds the highest position in the hierarchy; if not, goals will not be likely to be achieved and parents will resist staff efforts, (Haley, 1980). In general, a key to not displacing parents in the family hierarchy is to give parents the credit for all desirable changes in the child. (Haley, 1976; Minuchin, 1974).

Suggestions for *Connections* Project Staff

1) Encourage professionals to attend *Connections* classes in order to understand the family dynamics and responsibilities.
2) Develop skills for parents to work effectively with professionals.
3) Encourage parents to make staff aware of their parenting skills.
4) Teach parents skills in home programming for the extension of the IEP goals.

ADULT LEARNING (Hopper, 1981)

How do adults learn? Research seems to indicate that they learn mostly on their own, and that the most common motivation for adult learning is some anticipated use or application of the learning. It is estimated that only 20% of adult learning is planned by a "professional" and the other 80% is planned by the adult learners themselves. Staff development then has a particular challenge because it only addresses the 20% of adult learning. In order to make that 20% meaningful and valuable to the adult, it is necessary to take into consideration how adults learn and plan the teaching of adults accordingly.

Teaching adults is often confused with teaching children, and in this process of confusion the same principles of teaching children (pedagogy) are often applied to the teaching of adults. Thus, it is safe to say that many staff development programs in the public education system treat adults as if they were children. Recently a new field of study has evolved that is devoted to the science and art of teaching adults. The theory and principles of teaching adults is known as andragogy.

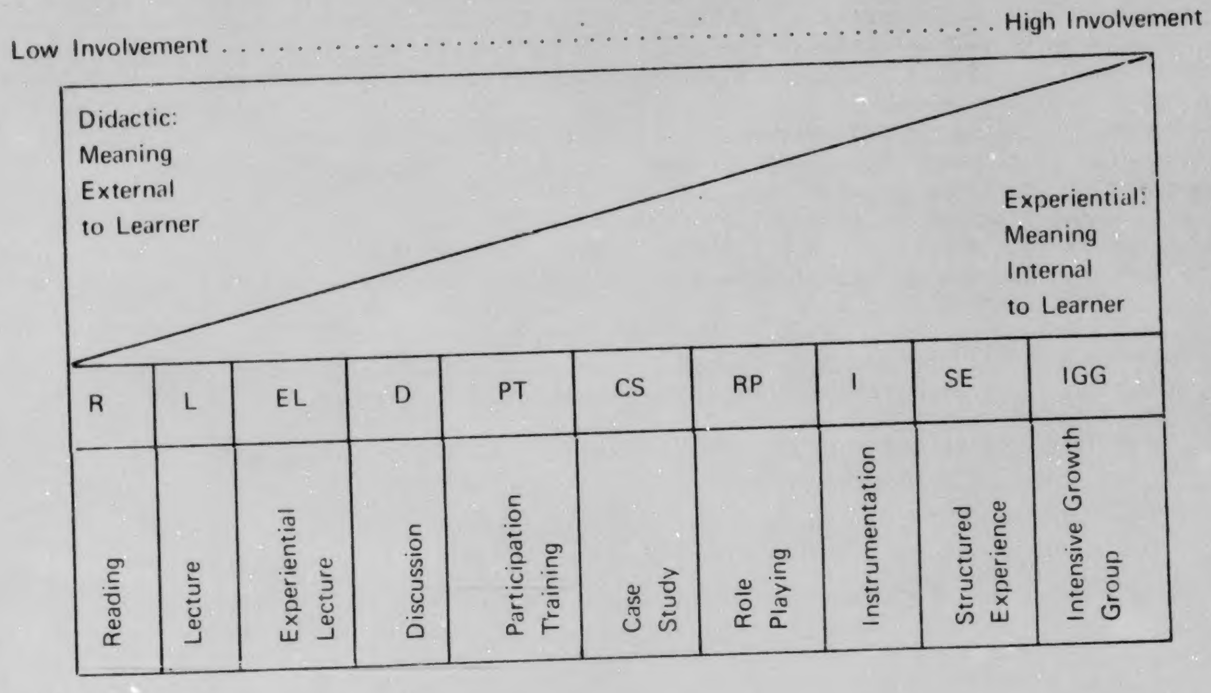
*"The concepts of andragogy are based on four main assumptions which serve as a means of differentiating adult learning from child learning:

1. Changes in Self Concept - As a person grows and matures, self-concept moves from total dependency to increasing self-directedness.
2. The Role of Experience - Maturing individuals accumulate expanding reservoirs of experience on which to base and relate new learnings.
3. Readiness to Learn - As individuals mature, readiness to learn is decreasingly the product of biological development and academic pressure and increasingly the product of the developmental tasks required for the performance of evolving social roles.
4. Orientation to Learning - Children have been conditioned to have a subject-centered orientation to most learning, whereas adults tend to have a problem-centered orientation to learning."

Things to consider when planning adult learning:

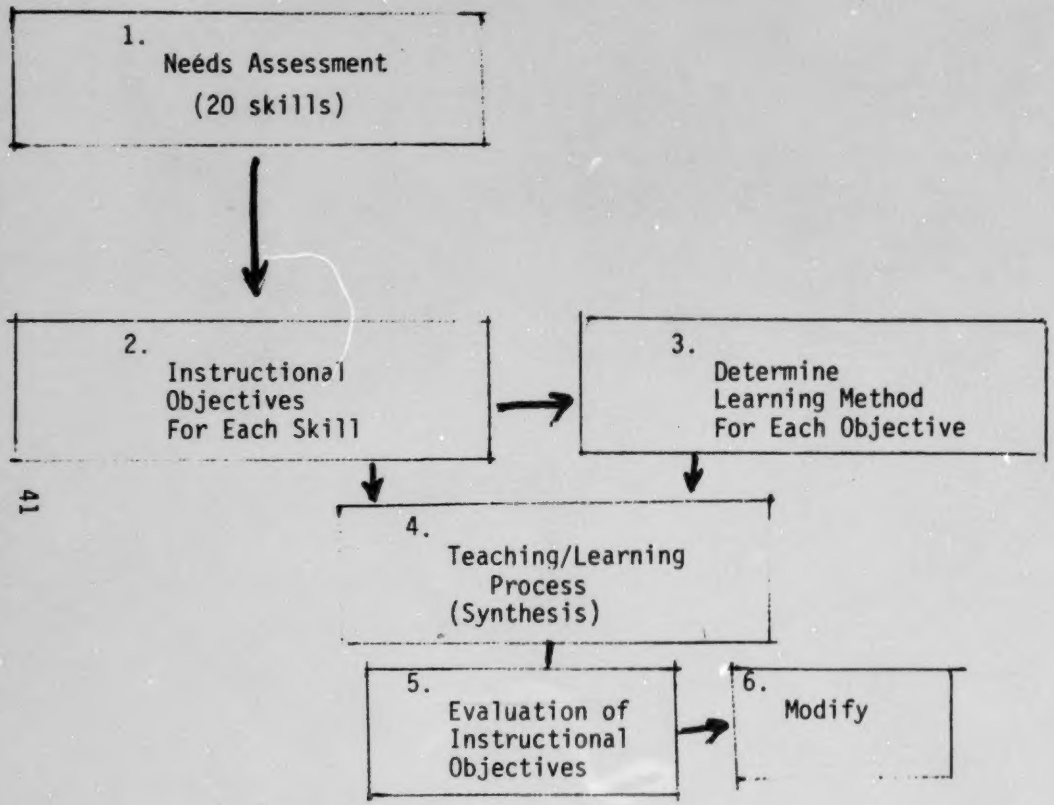
1. Do a thorough needs assessment before conducting staff development activities.
2. Involve adults in planning their own staff development activities; include them on planning committees, etc.
3. Provide a variety of learning processes; allow adults to choose the learning process that best meets their learning style, scheduling needs, etc.
4. Provide incentives for participation in planning staff development activities.
5. View oneself as a facilitator of learning rather than an information giver.
6. As much as possible staff development activities should be practical and related to participants' present jobs or future jobs (learning for knowledge/curiosity is a low motivator of adult learning).

Pfeiffer and Jones in *The Reference Guide to Handbooks and Annuals* (1977) use the following paradym to illustrate the relation of an experiential learning activity to learner involvement in learning.


Low Involvement . . . . High Involvement
Didactic: Meaning External to Learner
Experiential: Meaning Internal to Learner

R	L	EL	D	PT	CS	RP	I	SE	IGG
Reading	Lecture	Experiential Lecture	Discussion	Participation Training	Case Study	Role Playing	Instrumentation	Structured Experience	Intensive Growth Group

TEACHING/LEARNING PROCESS FOR DEVELOPING CURRICULUM FOR *CONNECTIONS*


1. Needs Assessment (20 skills)
2. Instructional Objectives For Each Skill
3. Determine Learning Method For Each Objective
4. Teaching/Learning Process (Synthesis)
5. Evaluation of Instructional Objectives
6. Modify

1. Determined by grant needs assessment and advisory committee.
2. What is to be learned?
3. There are three main theories (Dembo, 1977)
   A. Behavioristic
      -constructing an environment where reinforcement for proper behavior is maximized
   B. Cognitive
      - organizing knowledge, information processing, decision-making behavior
   C. Humanistic
      - fostering self development and understanding leading to self-actualization
4. Develop activities based on number 2 and number 3 (see above).
5. Evaluate the Instructional Objectives.
6. Modify as necessary.

TYPES OF ACTIVITIES FOR LEARNING PROCESS (HOPPER, 1981)

1. Lecture

   Participative - programmed notes, iteractive, two-way communication - good up to 50 people - imparts in depth knowledge

   Non-Participative - large audience - questions later

2. Media aids

   Handouts
   Overheads
   Chalkboard
   Butcher Paper

   Films
   Filmstrips
   Slides

3. Panels
   Structured - Each person speaks, then questions
   Unstructured - Interactive with audience

4. Demonstrations - "Show Me"
   "Fish bowl" technique
   Staging a situation

5. Simulations - Simulations can be activities such as "simulating an IEP meeting" or can take the form of a game.

6. Role Play - Role play activities should be constructed with definite directions as to what the role is and what is required. Role play can be done in pairs or groups.

7. Problem-Solving Discussion Activities - The most common activities which are used for group discussion and problem-solving include "brainstorming activities," force field analysis activities, and "group think and input."

   Brainstorming - creating a number of ideas - group or alone

Force Field Analysis - This is an analysis of the positive and negative forces that exist in relationship to a concept, activity, idea, goal, etc. This activity is often used for group problem-solving.

Group Think and Input - This kind of activity can be used to get group input on a question, idea, topic, etc.: The group is asked to list all their thoughts on a topic. They do this by listing words that represent their thinking (each member contributes a word or words). The words are reviewed and the group must compose one to three statements that reflect their thinking. These are recorded and shared with a larger group and/or turned in to the workshop leader.

8. Case Study - In this activity a group, a pair or an individual studies a real or fictitious situation that has occurred and decides how to deal with it, implications for other situations, and/or uses it to learn what a situation may be like.

9. Instrumentation - There are commercially prepared tests or profiles that explore such areas as personality styles, leadership styles, listening skills, etc.

10. Structured Experiences - For the purposes of this guide, these experiences are situations where a learner actually "does the real thing." For example, they give a test to a subject, use a piece of equipment, etc.

11. Learning Centers - Centers can be set up that use all of the learning and information-giving processes described in this guide. Centers can include direct instruction from a presenter, media of all types, group activities, simulations (games and others), etc.

Suggestions for *Connections* Project Staff

Develop curriculum that:

1) would have a problem-solving orientation
2) would allow for the parents' prior experience to be incorporated into the learning process
3) would stress experimental learning over didatic
4) develop a needs assessment to be used for planning parent education
5) develop a summary sheet for each concept or skill so parents may continue the learning process at home.

SUMMARY

The staff of *Connections* is of the philosophy that the training of all citizens on the value of impaired persons to society will, in a sense, heighten the consciousness of citizens who need to learn how to respect, trust, and cherish the young impaired child.

The curriculum will also be designed for parents of non-handicapped children who attend integrated schools (handicapped and non-handicapped). The parenting skills in the guide are helpful in raising all children. Parents of non-handicapped children need to learn about handicapped children and the need for the least restrictive environment. The parent education class can "mainstream" parents.

CURRICULUM FORMAT

Utilizing the research and pilot program evaluations, the following workshop format emerged for each of the 20 skills.

I. Objectives

II. Overview

III. Introductory Activity

IV. Presentation

- Professional
- Parent of handicapped child

V. Questions and Answers

VI. Small Group Activity

VII. Bibliography/Audio-Visual

VIII. Parent Summary Sheet

IX. Evaluation

I. Objectives to determine what is to be learned from each skill.

II. Overview was a brief description of the skill being introduced.

III. Introductory Activities had an objective and a direct relationship to the topic/skill of the workshop. Introductory Activities could be:

- structured: fill out questionnaire, write questions
- warm up: whips, ask expectations
- ice breaker: group in pairs or small groups with an activity

IV. Presentations

Objectives were developed for each of the presenters and activities/suggestions were developed to meet those objectives.

Professional: Gives information concerning the skill (stressing the normal aspect)

Parent: Speaks of the ability to accept and be realistic and effective about their special child regarding the skill (stressing handicapped child)

V. Questions and answers session was sometimes incorporated into the Presentations.

VI. The main purpose of the small group activity was to develop a support system (social/emotional) for parents of handicapped/non-handicapped children. Objectives were developed and suggested activities were designed that related to the skill/topic presented. In small groups of eight to ten, parents are more likely to share their concerns regarding their children. Special Education Parent Facilitators were training to lead these groups (see Workshop section of small group facilitation skills). Although objectives were developed for small group activity, if a parent brought a concern or a problem, that was dealt with first.

VII. Bibliography/Audio Visuals - All books and media listed were reviewed and recommended by parents of handicapped children.

VIII. Parent Summary Sheet - Parents who attended the workshop were given the summary sheet with suggested books and activities in order to continue their learning process at home. The Summary Sheet could also be used by professionals/paraprofessionals in home-based programs for parent education or given to parents who are unable to attend the class.

IX. Evaluation -

-Three types of evaluation were utilized.

A. Attendance at each meeting

- Sign in sheets

B. Evaluation Form

- Weekly evaluations (20) based upon objectives and workshop design (see next page for an example)

C. Observation of group and participants' reaction

Material was modified or deleted according to evaluation.

EVALUATION

"YOUR CHILD IS UNIQUE"

To what extent were the following objectives of today's presentation achieved?

	not (achieved) 1	2	3	(achieved) 4
1. Participants will become aware of six areas of normal growth and development				
2. Participants will become aware that each child's unique pattern of development is affected by genetic and environmental influences.				
3. Participants will understand the importance of their role in guiding their children's development and that children develop at their own rate.				
4. Participants will become aware that the interaction with the child will change as the child changes chronologically.				

We're in the process of evaluating the content and format of the workshop. Please fill out these additional questions:

1. What were the strengths of the workshop?

2. What were the weaknesses of the workshop?

3. Any additional comments?

III WORKSHOP PLANNING STEPS

PRE PLANNING

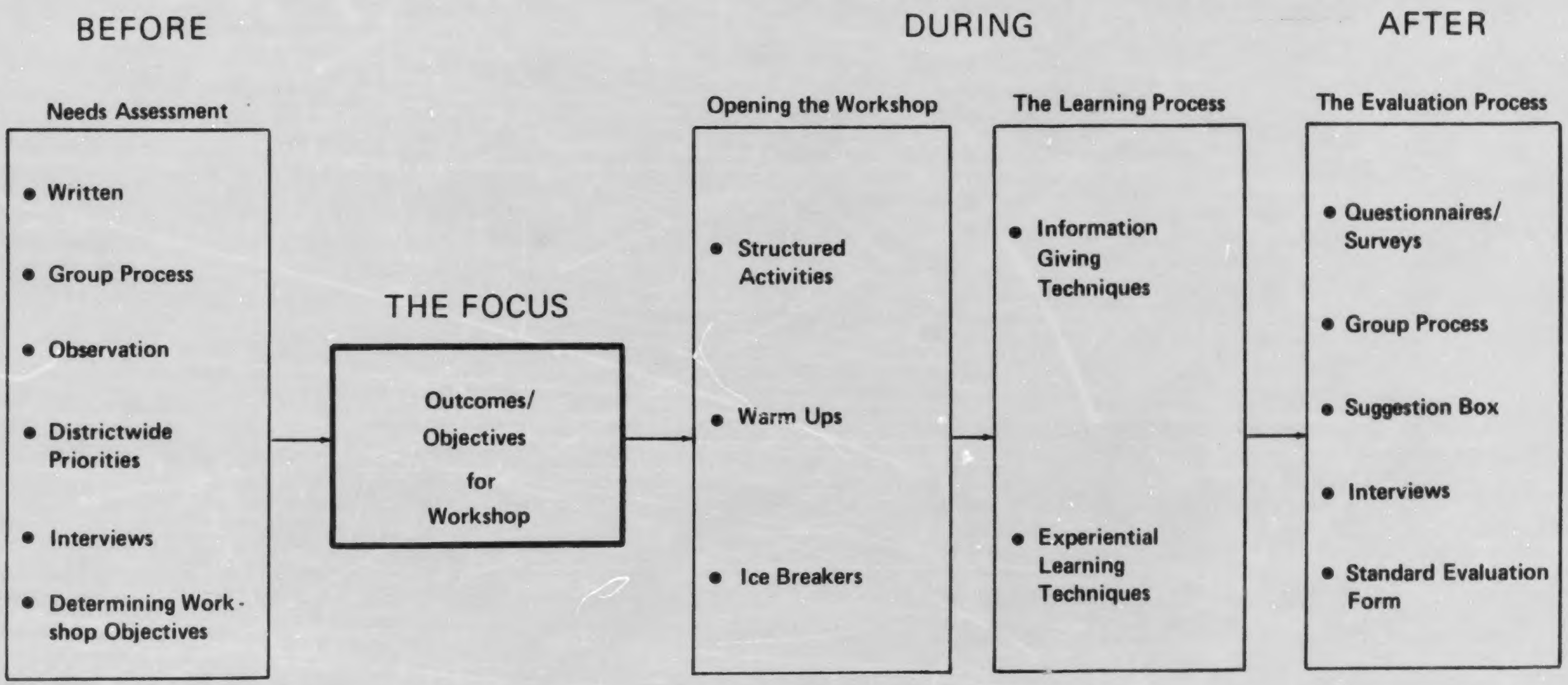
- needs assessment
- publicity

THE WORKSHOP

- planning sheets
- hints for:
  - workshop openings
  - speakers
  - media
  - small group facilitation skills
- evaluation
- follow-up
- suggestions for effective workshop

# Much of the information from this section was taken and adapted from Hopper, 1981, A Perfect "10" Workshop and How To Do It.

WORKSHOP PLANNING STEPS (Hopper, 1981)



BEFORE

Needs Assessment

- Written
- Group Process
- Observation
- Districtwide Priorities
- Interviews
- Determining Workshop Objectives

THE FOCUS

Outcomes/
Objectives
for
Workshop

DURING

Opening the Workshop

- Structured Activities
- Warm Ups
- Ice Breakers

The Learning Process

- Information Giving Techniques
- Experiential Learning Techniques

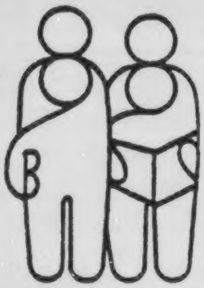
AFTER

The Evaluation Process

- Questionnaires/ Surveys
- Group Process
- Suggestion Box
- Interviews
- Standard Evaluation Form

Connections:

developing skills
for the family
of the young
special
child (0-5).



NEEDS ASSESSMENT SURVEY

is needs assessment includes 20 parenting skills. Please indicate your degree of
terest for each topic listed by circling "1," "2," or "3".

	Low	Average	High
Accepting individual differences within your family.	1	2	3
Coping with a special child	1	2	3
Understanding the feelings and attitudes of siblings/extended family toward the special child.	1	2	3
Reducing family stress.	1	2	3
Strengthening my child's physical growth.	1	2	3
Building my child's thinking/cognitive skills.	1	2	3
Helping my child's language development.	1	2	3
Improving my child's social skills (getting along with others).	1	2	3
Teaching my child self-help skills (independence).	1	2	3
Examining my parenting style.	1	2	3
Learning how to listen to my child.	1	2	3
Learning how to get my child to listen to me.	1	2	3
Understanding the skills of behavior management.	1	2	3
Learning how to manage my child's behavior effectively.	1	2	3
Building my child's self esteem.	1	2	3
Promoting family fun.	1	2	3
Working effectively with the professionals (medical, education, etc.).	1	2	3
Understanding the Individualized Education Program (IEP) (referral - placement).	1	2	3
Building successful conferencing skills.	1	2	3
Coordinating my child's services (home/school/community).	1	2	3

please turn over ☞ ☞

I WOULD BE INTERESTED IN ATTENDING:

_____ 1. Small workshops

_____ 2. A speaker's presentation

_____ 3. A series of classes on a particular subject

_____ 4. An informal gathering of parents from my school

_____ 5. A meeting with a special education parent facilitator on an individual basis.

TIME OF DAY MOST CONVENIENT FOR ME:

_____Morning

_____Afternoon

_____Evening

BEST DAY(S) OF THE WEEK:

_____Monday

_____Tuesday

_____Wednesday

_____Thursday

_____Friday

MY CHILD IS IN THE FOLLOWING PROGRAM:

_____CH (Communicatively Handicapped)

_____LH (Learning Handicapped)

_____PH (Physically Handicapped)

_____SH (Severely Handicapped)

_____Regular Education

_____Don't know for sure

_____Other:_______________________________________

OPTIONAL:

Name _______________________________ Phone _______________

Address _____________________________ Zip Code _____________

Child's Name _________________________

Child's School of Attendance _________________________

RETURN TO:

Special Education Parent Facilitator
Sequoia Elementary - Room 3
4690 Limerick Avenue
San Diego, CA 92117

PUBLICITY AND RECRUITMENT FOR *CONNECTIONS* - 1981-82

The *Connections* workshop started in the fall of 1981, on Wednesdays from 9:30 a.m. to 11:30 a.m., at the Jewish Community Center. Child care arrangements were provided, but there was a fee; however, financial assistance was offered, if necessary.

During the first three months, many circumstances prevented parents and other concerned individuals from attending. Parents either worked or attended school during the day. For others, babysitting was a problem. The decision was made to change to night meetings and to a more centrally located site, thereby, enabling more people to attend. Free child care was also provided, utilizing special education instructional aides as child caretakers. Approximately 53% of all women with children under six are employed outside the home; therefore, if one schedules parent meetings during the day, almost all the fathers and more than 50% of the mothers are not able to attend.

The Special Education Parent Facilitators embarked upon a massive promotional campaign to inform the public of the change. A resource list was compiled containing names, addresses, phone numbers, and contact persons of all the mass media in the San Diego area. The list included nine (9) radio stations, three (3) television stations, eight (8) newspapers, and other community agencies. A letter of explanation was sent to each agency along with the *Connections* brochure with a brief script to be read on the air or published in the newspapers. The media was most positive in helping with our promotion.

The second part of the campaign involved mailing of letters to all the parents of the children served in the preformal program. Approximately one week before the change occurred, letters were sent to the 450 families of handicapped children enrolled in the San Diego Unified School District, ages 0-4.9, noting the change of time and location of the workshop. At the same time, the parent facilitators canvassed the San Diego area delivering brochures to community agencies that serve young children. These agencies included pre-schools, day-care centers, doctors' offices, public libraries, public schools, public health offices, churches and supermarkets. Toward the end of the campaign, flyers were sent home with the children enrolled in special education, Special Day Classes (ages 0-4.9).

The final stage of the campaign began a few days before the actual change took place. Each of the 450 families were contacted personally by phone, by a Special Education Parent Facilitator, extending a personal invitation to attend the workshop.

The advertising campaign proved to be a success. The attendance improved from about five (5) parents per meeting before the campaign, to about 38 to 40 parents per meeting after the campaign.

CONNECTIONS - 1981-82

PUBLICITY CAMPAIGN

The Ways in Which We Reached the Public

A lot of effort and hours were involved in informing the public of the weekly inservices. Listed below are the most to the least effective means of reaching parents as documented on their first visit to the workshop.

Our data reflects that the most effective means, by far, were:

most ----------------- least

(1) Personal telephone calls and letters to parents and friends by Special Education Parent Facilitators; (60% of participants)

(2) Brochures left at pre-schools;

(3) Brochures left at public schools;

(4) Public service announcements in newspapers;

(5) Brochures left in pediatricians' offices;

(6) Brochures left at public health offices;

(7) Public service announcements on radio and television;

(8) Brochures left at churches;

(9) Flyers sent home with the children from school.

Since this program was sponsored by Adult Education, it was also publicized in their brochure.

EXAMPLES OF FLYERS AND LETTERS

CHILD CARE

Advance arrangements for child care may be made through

Jewish Community Center
Gloria Freidman - 583-3300
(2-6 years)

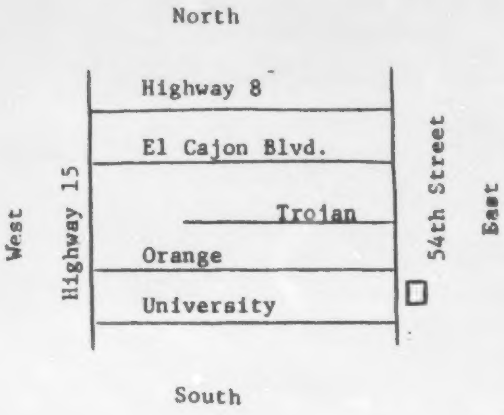
or

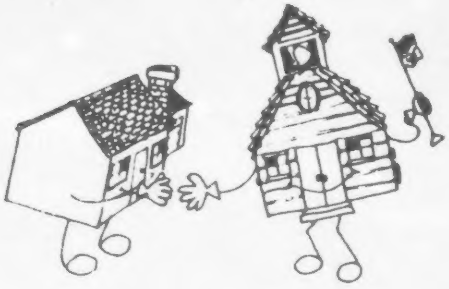
Wesley Young Children's School
Nancy Mitchel - 582-0532
(0-2 years)

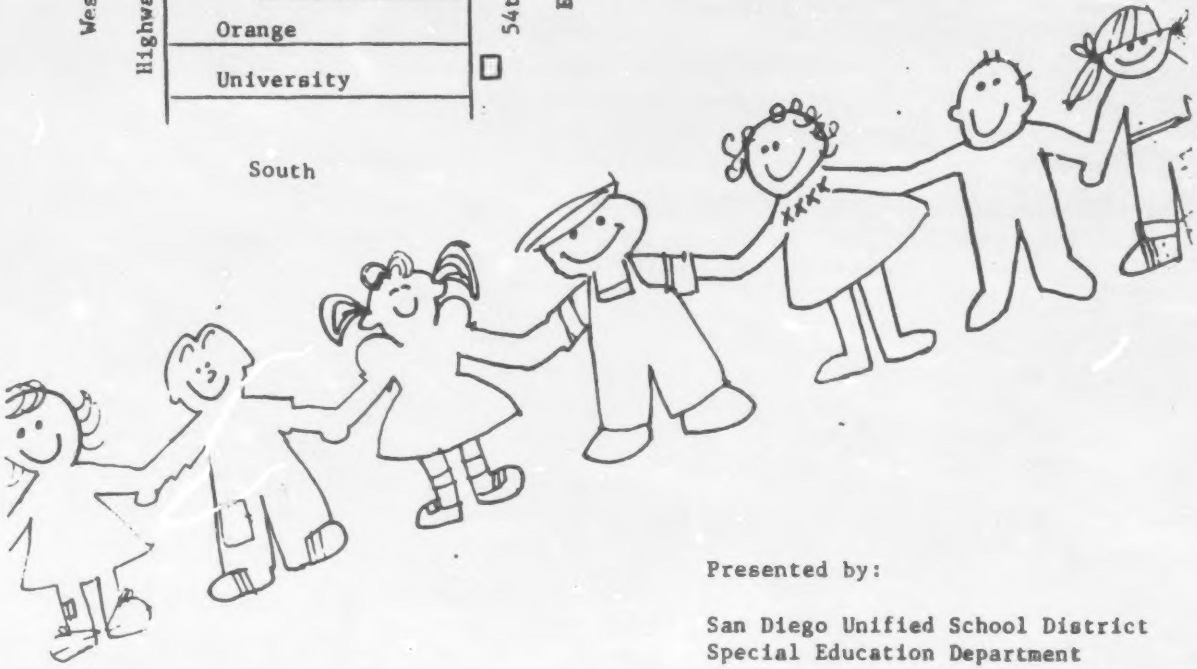
Contact the Special Education Parent Facilitator Program (483-1921) if financial assistance is needed for child care.

LOCATION:

Jewish Community Center
4079 54th Street
San Diego, California


North
Highway 8
El Cajon Blvd.
Trojan
Orange
University
Highway 15
54th Street
West
East
South





Connections:

developing skills for the family of the young special child (0-5).

Presented by:

San Diego Unified School District
Special Education Department

As part of the

Parents As Partners Series

Connections: developing skills for the family of the young special child (0-5).

Oct. 28 - Your Child Is Unique
(Individual Differences)

Nov. 4 - "Watch Me Grow"
(Motor Development)

Nov. 18 - "I'm Cooing and Crawling"
(Language & Thinking Development
non-verbal)

Nov. 25 - "I'm Learning"
(Language & Thinking Development
0-3 years)

Dec. 2 - "Why?" and "What If?"
(Language & Thinking Development
3-5 years)

Dec. 9 - "It's Mine"
(Social/Emotional Development)

Dec. 16 - "I Can Do It Myself"
(Self-Help Skills)

Jan. 6 - Parents Are People Too
(Examining Parenting Styles)

Jan. 13 - "Why Me?"
(Coping With A Loss)

Jan. 20 - "Help!"
(Stress Reduction)

Presented by:

San Diego Unified School District
Special Education Parent
Facilitator Program
483-1921

This series will provide factual information as well as creative ideas in helping us understand and positively develop the ways in which our children learn and grow. You are welcome to attend the entire series or individual sessions.

Each session will include a presentation by a professional and parent followed by group discussion.

We will be focusing on the needs of the parents with infant and pre-school aged children, particularly children with exceptional needs.

NO FEE
TIMES OF ALL PRESENTATIONS:

9:30 - 11:30 a.m.

Jan. 27 - Saying "No" and Meaning It
(Behavior Modification)

Feb. 3 - Accentuate The Positive
(Applying Behavior Modification)

Feb 10 - "Is Anybody Listening?"
(Communication Skills)

Feb. 17 - Tell It Like It Is
(Applying Communication Skills)

Feb. 24 - Self-Esteem Is Everyone's Business (Developing A Special Child's Self-Esteem In The Family)

Mar. 3 - "We're In This Together"
(Siblings, Extended Family & The Special Child)

Mar. 10 - Fun Is A Must
(How The Family Plays)

Mar. 17 - They're Part Of The Family Too (Working With Community Resources

Mar. 24 - "What's An IEP?"
(Understanding A Child's Individualized Education Program)

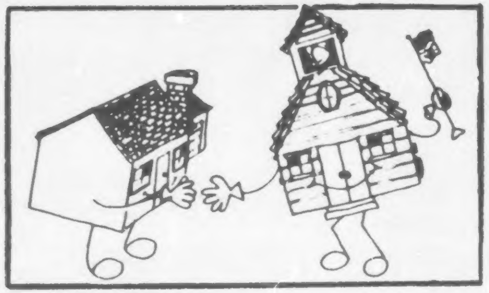
Mar. 31 - Putting It All Together
(Parent As Coordinator Of Services)

LOCATION: Jewish Community Center
4079 54th Street
San Diego, California

CHILD CARE PROVIDED

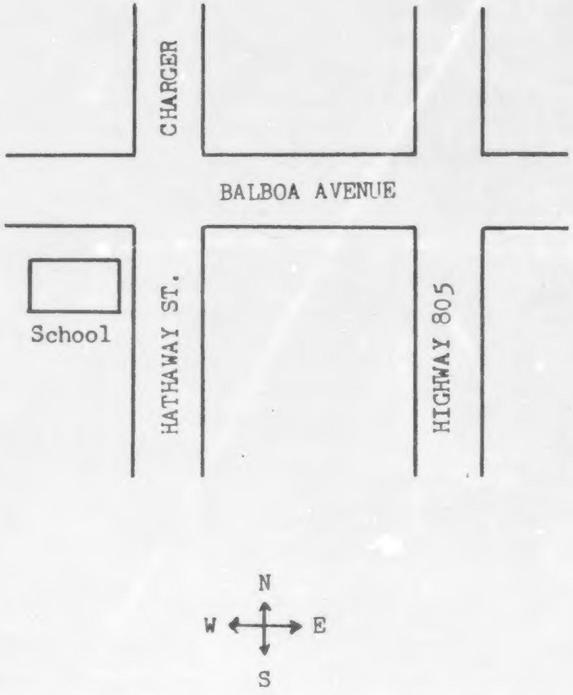
If you need child care or additional information --

Contact the Special Education Parent Facilitator Program (483-1921).



LOCATION:

Schweitzer School
6991 Balboa Avenue
San Diego, California


CHARGER
BALBOA AVENUE
School
HATHAWAY ST.
HIGHWAY 805
N
W
E
S

Take 805 N to Balboa W Left at signal light - Hathaway. Schweitzer School on right.

Connections

- developing skills for the family of the young child. (0-5).

Presented by:

San Diego Unified School District
Special Education Department

As part of the -

"Parents As Partners Series"

This series will provide factual information as well as creative ideas in helping parents and professionals understand and develop the ways in which children can learn and grow. You are welcome to attend the entire series or individual sessions.

Each session will include a presentation by a professional and parent followed by group discussion.

We will be focusing on the needs of the parents with infant and pre-school aged children, including children with exceptional needs.

This course is being developed as a parent education model. Professionals attending are eligible to receive curriculum modules for sessions attended.

CONNECTIONS

- developing skills for the family of the young child. (0-5).

PLEASE NOTE: NEW TIME (7:00 - 9:00 P.M.) AND NEW LOCATION (SCHWEITZER SCHOOL)

Jan. 20 - Parents Are People Too (Examining Parenting Styles)

Jan. 27 - "Why Me?" (Coping with A Loss)

Feb. 3 - "Help!" (Stress Reduction)

Feb. 10 - Saying "No" and Meaning It (Behavior Modification)

Feb. 17 - Accentuate the Positive (Applying Behavior Modification)

Feb. 24 - "Is Anybody Listening?" (Communication Skills)

Mar. 3 - Tell It Like It Is (Applying Communication Skills)

Mar. 10 - Self-Esteem Is Everyone's Business (Developing A Special Child's Self-Esteem in the Family)

Mar. 17 - "We're in This Together" (Siblings, Extended Family and the Special Child)

Mar. 24 - Fun Is A Must (How the Family Plays)

Mar. 31 - They're Part of the Family Too (Working with Community Resources)

Apr. 14 - "What's An IEP?" (Understanding A Child's Individualized Education Program)

Apr. 21 - Putting It All Together (Parent As Coordinator of Services)

NO FEE

ALL PRESENTATIONS - 7:00-9:00 P.M.

SAN DIEGO CITY SCHOOLS

STUDENT SERVICES
EDUCATION CENTER
4100 Normal St. San Diego, CA 92103

December 14, 1981

Dear Parents:

During November and December, the Special Education Parent Facilitator Program has been offering a parent education course at the Jewish Community Center on Wednesday mornings.

Beginning January 20 this series will change to Wednesday evenings from 7:00 p.m. to 9:00 p.m. at Schweitzer School, 6991 Balboa Avenue, San Diego. We hope that this time change will enable more couples and employed parents to attend.

This is a good chance to meet other parents with young children and share some concerns.

You will find a brochure enclosed. We hope to see you at some or all of the scheduled sessions.

Sincerely,

Ann VanSickle
Special Education Parent Facilitator Program
Resource Teacher

AV:bb

Enc.

"CONNECTIONS" - 1981-82

Resource list of Media in San Diego area.

Public Service Announcements - Radio and T.V. and Newspapers

Station	Contact Person	Address	Phone
La Jolla Lite	Mark Stadler	P.O. Box 1927 La Jolla, CA 92038	459-4201
Mira Mesa Journal	Sarah Hagerty	P.O. Box 20595 San Diego, CA 92120	280-2987
Rancho Mesa News	Richard Myers	10717 Camino Ruiz Suite 155 San Diego, CA 92126	566-5666
San Diego Reader	Amy Chu	P.O. Box 80803 San Diego, CA 92138	231-7821
Tierrasanta Times	Deanna	P.O. Box 24027 San Diego, CA 92124	292-1037
Downtown Publishers	Tom Fengler Editor	348 W. Market St. Suite 207 San Diego, CA 92101	239-3494
San Diego Union	John Funabiki City Desk	P.O. Box 191 San Diego, CA 92112	299-3131
Evening Tribune	Mary D'Amico City Desk	P.O. Box 191 San Diego, CA 92112	299-3131
KIFM-98	Dean Karaches (10 seconds)	7801 Convoy Ct. San Diego, Ca 92111	560-9800
K-JOY-104	Jerry Morales	625 Broadway Suite 1200 San Diego, CA 92101	238-1037
KOGO - Radio	Shelle Strauss	8665 Gibbs Dr. Suite 201 San Diego, CA 92123	565-6006
KSON	Brad Holcomb	College Grove Ctr. San Diego, CA	286-1240
KFMB (AM-FM) Radio	Lena Nozizwe	7677 Engineer Rd. San Diego, CA 92138	292-5362
KYXY -96.5 FM	Kitty Johnson	8033 Linda Vista Rd. San Diego,CA 92111	571-7600

Station	Contact Person	Address	Phone
KSDO - AM	Valerie Stevens	3180 University Ave. San Diego, CA 92104	283-7121
KGTV (Channel-10)	Public Affairs	P.O. Box 81047 San Diego, CA 92138	237-1010
KCST-TV (Channel-39)	Judy	8330 Engineer Rd. San Diego, CA 92111	279-3939
KFMB-TV (Channel-8)	Public Service	7677 Engineer Rd. San Diego, CA 92111	292-5362
KCBQ- Radio	Public Service	9416 Mission Gorge Rd. Santee, CA 92071	286-1170

SAN DIEGO CITY SCHOOLS

STUDENT SERVICES
EDUCATION CENTER
4100 Normal St. San Diego, CA 92103

November 30, 1981

To Whom It May Concern:

Enclosed you will find a copy of our brochure and a short summary of the details of our parent education series. We hope you will find it suitable to print as a free public service announcement. Since the course will begin on January 20th, we would like to see the information reach your readers as soon as possible.

We feel that the information presented in the workshops will be of interest to the entire community.

Please contact me if I can be of any assistance at 483-1921. Thank you for your kind consideration.

Sincerely,

Ann Van Sickle, Resource Teacher
SPECIAL EDUCATION PARENT FACILITATOR PROGRAM
Whitman Elementary, Room 16
4050 Appleton
San Diego, CA 92117

AVS: ps

Enclosure

NEWSPAPER PUBLIC SERVICE ANNOUNCEMENT

NEW TIME. NEW PLACE. A FREE PARENT EDUCATION WORKSHOP ENTITLED, "CONNECTIONS: DEVELOPING SKILLS FOR THE FAMILY OF THE YOUNG CHILD (0-5)" IS BEING PRESENTED AS PART OF THE "PARENTS AS PARTNERS" COURSE BY SAN DIEGO UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION AND ADULT EDUCATION DEPARTMENTS. THIS COURSE WILL FOCUS ON THE NEEDS OF PARENTS WITH INFANT AND PRESCHOOL CHILDREN, INCLUDING CHILDREN WITH EXCEPTIONAL NEEDS. EACH SESSION WILL INCLUDE A PRESENTATION BY A PROFESSIONAL AND A PARENT, FOLLOWED BY SMALL GROUP DISCUSSION. CLASSES ARE OPEN TO PARENTS OF SAN DIEGO UNIFIED STUDENTS.

THE WORKSHOPS ARE SCHEDULED ON WEDNESDAY EVENINGS STARTING JANUARY 20th THROUGH APRIL 21st. THEY WILL BE HELD FROM 7:00-9:00 P.M. AT SCHWEITZER SCHOOL LOCATED AT 6991 BALBOA AVENUE. CHILD CARE WILL BE PROVIDED. FOR FURTHER INFORMATION, CALL 483-1921.

SAN DIEGO CITY SCHOOLS

STUDENT SERVICES
EDUCATION CENTER
4100 Normal St. San Diego, CA 92103

November 30, 1981

To Whom It May Concern:

Enclosed you will find a copy of our brochure and a script giving the details of our parent education series. We hope that you will include it as a public service announcement. Since the course is to begin on January 20th, we would like to see the information aired as soon as possible.

Our target audience, parents of infants and preschool children, is expansive and, since the program is free of charge, we feel that it would be of great interest in the community.

Please contact me if I can be of further assistance at 483-1921. Thank you for your kind consideration.

Sincerely,

Ann Van Sickle, Resource Teacher
SPECIAL EDUCATION PARENT FACILITATOR PROGRAM
Whitman Elementary, Room 16
4050 Appleton
San Diego, CA 92117

AVS: ps

Enclosure

SCRIPT

RADIO PUBLIC SERVICE ANNOUNCEMENT:

NEW TIME. NEW PLACE. A FREE PARENT EDUCATION WORKSHOP ENTITLED, "CONNECTIONS: DEVELOPING SKILLS FOR THE FAMILY OF THE YOUNG CHILD (0-5)" IS BEING PRESENTED, AS PART OF THE "PARENTS AS PARTNERS" COURSE BY SAN DIEGO UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION AND ADULT EDUCATION DEPARTMENTS. THE GROUP WILL MEET ON WEDNESDAY EVENINGS FROM 7:00-9:00 P.M., BEGINNING JANUARY 20th, AT SCHWEITZER SCHOOL LOCATED AT 6991 BALBOA AVENUE. CLASSES ARE OPEN TO PARENTS OF SAN DIEGO UNIFIED STUDENTS. CHILD CARE WILL BE PROVIDED. FOR FURTHER INFORMATION, CALL 483-1921.

THE WORKSHOP

563

WORKSHOP ARRANGEMENTS CHECKLIST (Hopper, 1981)

	Arranged	Finalized
WORKSHOP:		
Time: Date: Location:		

1. MATERIALS/HANDOUTS

Description	Quantity	Date Ordered	Date Needed	Person Responsible	Arranged	Finalized

2. PRESENTERS

Person(s) Responsible:

Name	Date Committed	Date Contract Sent	Arranged	Finalized

3. PARTICIPANTS

Person(s) Responsible:

(Invitation/response list attached)

No. Estimated: ________ No. Preregistered: ________ Final No.: ________

4. FACILITIES

Person(s) Responsible:

Room No./Time	No. Tables	No. Chairs	Other Furniture	Sketch Attached	Arranged	Finalized
				( )		
				( )		
				( )		
				( )		

WORKSHOP ARRANGEMENTS CHECKLIST (continued)

5. FOOD & REFRESHMENTS Person(s) Responsible:

Description	Quantity	Room No./Time	Arranged	Finalized

6. PUBLICITY Person(s) Responsible:

Description	Preparation Target Date	Completion Date

7. CHILD CARE:

Name of Child Caretakers	Phone

Location

Person Rate

8. TRANSPORTATION:

Name	Address	Person Responsible

DETERMINING THE LEARNING PROCESS--PLANNING SHEET
(duplicate and use for planning)

Topic ____

Learning Objectives/Outcomes ________________________________

____

____ Presentation

Who will do it?

____ Professional ______________________________

____ Parent ______________________________

____ Small Group Facilitators ______________________

____

____

____

____ Media

What do I need?

____ Films, filmstrip
____ Overhead transparencies
____ Charts
____ Handouts
____ Books

____ Panel

____ Demonstration

____ Experiential Learning

____ Role Playing
____ Case Study
____ Simulation
____ Instrumentation
____ Structured Experience

____ Discussion

____ Brainstorming
____ Group think

LECTURE PRESENTATION PLANNING SHEET

Topic ______________________ Time ______________________

Objective/Outcomes ______________________

____

Target Audience ______________________

OUTLINE OF INFORMATION TO BE PRESENTED:	LECTURE	HANDOUTS	MEDIA	ACTIVITIES	What will it be?

WORKSHOP EQUIPMENT CHECKLIST

	ITEM	PERSON RESPONSIBLE	Arranged	Finalized
______	Overhead Projector			
______	Movie Projector			
______	Filmstrip Projector			
______	Autovance			
______	Screen			
______	Tape Recorder/Player			
______	Easel			
______	Butcher Paper			
______	Magic Markers			
______	Blackboard/Chalk			
______	Microphone			
______	Podium/Lecturn			
______	Videotape Player			
______	Record Player			
______	Signs			
______	Nametags			
______	Sign-in Sheet(s)			
______	Evaluation Forms			
______				
______				

WORKSHOP BOX SUPPLIES

______ Magic Markers (all colors)
______ Scissors
______ Tape (masking, scotch)
______ Pencils
______ Staples
______ Paper clips
______ Rubber bands
______ Staple remover
______ Chalk

THE AGENDA

Creating the workshop agenda is the culmination of all of the planning: the goals, objectives of the workshop have been determined, the learning processes selected, a date, time and location selected.

Agendas should include:

WORKSHOP:

- Topic
- Date
- Time
- Location
- Workshop Outcomes/Objectives
- Activities
- Timelines
- Personnel Involved
- Room Locations
- Breaks

Workshops: Openings

After outcomes or objectives have been determined for the workshop, careful thought should be given to how a workshop will be opened. The opening of a workshop can set the tone of the workshop, prepare participants for what is coming, and set the stage for whatever learning techniques will be shared during the workshop session. Opening activities should not be "non sequiturs"; in other words, the opening activity should have a direct relationship to the topic or content of the workshop.

The following techniques can be used to open a workshop:

- **STRUCTURED ACTIVITIES**

  Putting participants to work immediately when they enter the workshop gives early participants something to do as well as sets the tone and stage for the workshop. For example, participants could be asked to (1) fill out a questionnaire on a topic, (2) answer, in writing, several questions on the topic, (3) list what they hope to learn at the workshop, (4) write a question or two they want answered, or (5) solve a problem or puzzle.

- **"WARM UPS"**

  Warm up activities are, as the name implies, ways to get participants warm and ready to learn, participate, think, listen, etc. They are also an effective way to enable participants to "break the ice" and get to know each other. Many excellent "warm up" activities can be found in *A Handbook of Structured Experiences for Human Relations Training.* Because this set of books is virtually the "bible" of warm ups, only a few examples will be included in this guide.

  The following activity is an example of a standard warm up activity:

  - Whips – This "warm up" process is based on the old "crack the whip" game which was fashioned after the action of a whip. When a whip cracks, momentum begins at one end and builds to the end. This is a quick process which can be used to open and close a workshop. One example of opening a workshop is: the workshop presenter, leader, etc., asks a question such as "What are your expectations for today's workshop?" Each participant says a few words in rapid succession in answer to this question.

- **"ICE BREAKERS" (INTRODUCTION) –**

  These can take a variety of forms:

  - Participants break into groups of two and interview each other for a period of time; group reassembles and each pair introduces each other.
  - Polaroid pictures are taken of participants when they enter a workshop; participants put their names and other information on a sheet with the picture, and place on the wall or on themselves; participants mill around and look at pictures and read sheets.
  - Information sheets are passed out to participants as they enter; they fill them out and pin them on and mill around and read each other's sheets either silently or aloud.
  - Participants are grouped into pairs and are asked to exchange two or three objects they have with them that they feel reflect themselves. Pairs introduce each other by telling what these objects say about the other person.

TIPS FOR SPEAKERS

Prepare

Know your subject. This may mean doing some study, reading or discussion with other people. There are a variety of techniques speakers use to organize their information for the delivery of their lecture or presentation. Outline the topic (do this several times until it is refined). Consider these questions:

- What do you want to say? List your major points.
- In what order do you want to say it?
- What statistics will you use?
- What quotes will you use?
- How much time do you have?
- Who is your audience?
- What do they want of you?
- Will you use activities, media, etc., and how?
- What handouts do you need?
- When should you distribute them?
- How will you open your presentation: Joke? Story? Warm-up activity?--There are other ways.
- How will you close your presentation?
- When do you want questions from the audience? Beginning? Middle? End? Be sure to tell the audience in the beginning when you want questions (see lecture/presentation worksheet in Worksheet section).

Practice

Like anything else, practice makes giving presentations more comfortable and empowers performance. Practice giving the presentation out loud by yourself or use a small volunteer audience. One new technique being used successfully by many experienced speakers is visualization. Visualize yourself giving the presentation/lecture. Note how you will look, stand, sound, etc. Visualize a positive experience with positive audience reaction.

Method of Delivery

The three most distracting behaviors of speakers are a monotonous voice, stiff posture or excessive personal idiosyncrasies, and lack of eye contact.

Eye Contact

Research has found that eye contact is definitely the most powerful influencer of audience comprehension and speaker credibility. Strong speaker eye contact is believed to help focus the audience's attention on the speaker and indicates the importance of the message. Strong eye contact is associated with enhancing the dynamism and credibility of the speaker.

Body Language

A stiff posture--which might include wringing of the hands--is distracting to the speaker's message. Equally as distracting are behaviors such as chewing gum, playing with a ring or necklace, and other personal idiosyncrasies. Movement above the waist is considered positive and can contribute to the presentation; movement below the waist is considered negative and detracts from the presentation. The following list includes suggestions on how to make the most of your gestures.

"Here's How: (Speakers, 1978)

1. Make the most of your gestures above the waist--gestures made below the waist indicate failure, defeat, despair. Practice in front of a mirror, and you'll immediately see the difference.
2. If you're holding outline cards, keep your forearms roughly parallel with your waist, with your elbows out about three inches from the sides. Elbows held too closely tend to weaken your authority.
3. Place your hands lightly on the lectern, but don't lean on it.
4. Don't let your hands flap around. Lax hands indicate a lack of power leadership.
5. Use both hands to be an effective speaker.

Mannerisms--Dozens of distracting mannerisms are used by public speakers, to the detriment of their delivery and their communication. Mannerisms are usually releases for nervous energy, substitutes for pauses, periods for thinking of what to say next. They may be unconscious and can become habitual."

Avoid pacing, toe tapping, erratic gestures, unnecessary gestures; if you must move, shift your weight from foot to foot. Maintain a relaxed but coordinated posture while speaking.

Voice

This is a common area of concern for speakers. Speaking in a monotonous and unanimated tone of voice is distracting to the audience. The ideal public speaking rate is 120-150 words per minute. Variations depend on whether you use a slower speaking rate or pauses to stress an important point. Avoid the use of vulgarisms, slang, clichés and jargon when you speak. To fully understand your speaking image, try listening to yourself on tape, or even better, use a videotape.

Lecture/Presentation Language Checklist

Do you use these? (you really shouldn't)

clichés (some examples)

last but not least
at a loss for words
it stands to reason
in terms of
too funny for words
more specifically
goes without saying
given me great pleasure
no sooner said then done
method in his madness
hard as a rock
as I was saying
down right
now, let's see

jargon (some examples)

interface
input
output
feedback

vulgarisms (some examples)

ain't
hadn't ought to
damn, etc.

slang (some examples)

on your case
comin' down
neat, cool, etc.

(sometimes slang can be used to illustrate a point but avoid it as a routine part of your lecture/presentation)

The Three Basic Parts of a Speech

"Tell them what you are going to tell them, tell them, tell them what you told them."

Your lecture/presentation should have three main divisions: an opening, a middle and a closing.

Opening the Lecture/Presentation

Tell them what you are going to tell them

The opening of your lecture/presentation should:

- arouse attention and interest
- set the mood
- state the purpose of your lecture/presentation
- clarify what you are going to talk about

To capture attention you could:

- use a joke (but only if it relates to what you are saying)
- use an effective quotation, or story
- ask a thought-provoking question
- use a short personal disclosure that is not too revealing
- demonstrate a main point of lecture/presentation

Middle of Lecture/Presentation

Tell them

This is the heart of the lecture/presentation. Here you state your major points, define terms, relate ideas, use illustrations, demonstrations, activities, etc. Use examples to illustrate how your main points work or are related to another idea.

Closing the Lecture/Presentation

Tell them what you told them

Summarize your major points periodically during the lecture/presentation, but plan something specifically to summarize the lecture/presentation at its' close or ending. You might ask the audience to do this; you might use an overhead transparency or handout; or you might just do it verbally. A story or joke that illustrates your main point is fun and very effective.

Keep in mind that if the following list is indeed valid, that many people share the fear and concern over giving an effective lecture presentation.

The Ten Worst Human Fears (in the United States)*

1. Speaking before a group
2. Heights
3. Insects and bugs
4. Financial problems
5. Deep water
6. Sickness
7. Death
8. Flying
9. Loneliness
10. Dogs

**David Wallechinsky et.al.: THE BOOK OF LISTS. Wm. Morrow & Co., Inc. New York, 1977.*

- **MEDIA AIDS** (Hopper, 1981)

"One Visual Really May Be Worth 1,000 Words"

"The average speaking adult is familiar with over 600,000 different words. We use 2,000 of those words on a day-to-day basis, and 500 of those words have over 14,000 different dictionary definitions.

The average adult speaks at the rate of 125 words per minute and hears at the rate of 500 words per minute. The end result is what we call a 'mental lag.' The upshot is, of course, that listeners have alot of time to ponder what's really being said, and to go through that abundance of definitions until they find one that fits their perception and prejudices."

"Simple English is not so simple. Trainers should use body language, visual aids and any other communications tool they have available, to make sure that they and their trainees are using the same language."

The most common audio-visual aids include:

- Handouts

  Carefully planned and well-prepared handouts can aid participants' involvement in learning. Effective handouts are:

  - pertinent to the participant
  - short and to-the-point
  - of "immediate, obvious value"
  - stimulating and reinforcing of the topic presented
  - legible
  - distributed with holes punched and stapled in the upper left-hand corner, if necessary
  - documented appropriately (authors and sources credited)

  Remember: more is not necessarily better.

  The decision of when to distribute handouts should be based on the purpose of the handouts. Handouts can be used to:

  - reinforce material presented
  - provide an outline of the presentation and note taking
  - stimulate discussion

  When should handouts be distributed?

  - before the session

    (participants can familiarize themselves with the material before the presentation begins)

  - during the session

    probably the least effective method because it creates a distraction and detracts from the presentation. If handouts must be distributed during a presentation, stop the presentation until they are handed out.

- after the session

  reduces confusion during the session

- Overhead transparencies

  Carefully planned and prepared overhead transparencies can enhance the presentation and reinforce participant learning. Tips for making and using overhead transparencies:

  - be simple, plain
  - include only main points to reinforce and represent the presentation. They should not include the text of material, or repeat exactly what the presenter is saying. Overheads should always summarize. Save details for handouts
  - no more than six words per line
  - no more than seven items or lines per overhead (if you have more, put it in a handout)
  - use large readable letters (large enough to be read ten feet away by the naked eye); if a typewriter is used, use only capital letters (24 point is recommended typesize)
  - smallest image projected should be one inch high for every 30 feet of viewing distance
  - turn overhead projector off when not in use
  - utilize visuals (pictures) to convey important points, ideas, concepts, etc.--no more than two illustrations per overhead
  - be neat; sloppy work shows lack of respect for the participants
  - do not stand too close to projector or in front of screen

  When should overhead transparencies be used? The decision to use overhead transparencies depends on the purpose or scope of your overhead transparency. Generally, overhead transparencies should be (a) used sparingly, or (b) used only when it is necessary to illustrate a point, reinforce a concept, or provide interest or humor.

- Chalkboard, butcher paper, etc.

  These visual aids are particularly effective when a presenter wishes to develop an idea with participants following along step-by-step. Use of these aids can be distracting, particularly when the presenter turns their back to the audience. These aids work best with a small group of up to about 30 people.

  - write legibly
  - talk to the audience, not the screen, blackboard or chart
  - avoid turning your back to the audience
  - do not show information before you are ready to use it

- Films, filmstrips and slides

  These aids are effective if used thoughtfully during the presentation. Effective use of these aids should:

  - always be preceded by an introduction and followed by a debriefing or discussion
  - not only relate to the topic but enhance it (audio-visual materials should not be used as time fillers)
  - be used to introduce, illustrate or summarize a topic

- use the technique of "stop action" whereby the presenter periodically stops a film in strategic spots to emphasize a point or relate it to the lecture
- not be too lengthy
- have screens large enough for the size of the audience and placed in a location that enables the best viewing
- be previewed before presentation

When using a slide show, remember the following hints:

- make absolutely sure that the slides are in order and right side up in the tray
- always use the mechanism designed to lock the slides in the tray
- depending on the information, slides should be timed to change every six to ten seconds
- accompany with music if possible

- ***MEDIA TIPS IN GENERAL**

"In general, when using any type of media (e.g., handouts, slides, video tapes), there are some general considerations which workshop leaders should solve before conducting the training. Specifically, the concerns should center around the following broad areas:

- Know How to Use the Equipment

  Don't assume that because you know how to thread the VTR at home, you can set up the one supplied by the hotel rental service. Check it out in advance and learn to use it confidently before beginning your training. Additionally, be sure that setting up the equipment and learning to use it occurs long before the participants begin arriving. If in doubt about your own skills, have a back-up (another trainer who will also learn to use the equipment and will bail you out if needed).

- Check Out Each Piece of Equipment

  Does it work? Is it the appropriate size and is it appropriately placed in the room? Will everyone be able to see and hear it? If the lights need to be dimmed, where are the switches? Are extension cords available? Is the equipment set up safely (e.g., cords out of the way, aisles not blocked)? Do you have spares or spare parts or extra bulbs on hand or readily available?"

**Excerpted from a handout distributed at a workshop presented by Georganne and Tim Blackburn.*

TRAINING PACKET

SMALL GROUP FACILITATION SKILLS

SUGGESTIONS FOR CHOOSING SMALL GROUP FACILITATORS

QUALITIES OF AN EFFECTIVE LEADER OF ADULTS*

1. WARMTH
   - Speaks well of people
   - Tends to like and trust people
   - Establishes warm relationships

2. INDIRECTNESS
   - Lets people discover for themselves
   - Don't tell everything they know

3. COGNITIVE ORGANIZATION
   - Clear behavioral objectives
   - Learn in orderly steps
   - Knowledge well categorized
   - Will state when they don't know

4. ENTHUSIASM
   - Enthusiastic about people
   - Enthusiastic about subject

GROUND RULES FOR ALL SMALL GROUP MEETINGS

1. Everyone participates (at least in their heads).

2. Right to pass

3. Everyone's opinion or belief is honored.

4. Confidentiality (no gossip).

5. Leader stays in a position of respect for self and others.

Whoever facilitates a group should have group training as the small group process is the key to building positive group support. A trained parent can be an effective leader, but if a parent has not been trained, a professional with group process skills should lead the groups.

* Adapted from: Self-Esteem: A Family Affair, Leader Guide
by Jean Illsley Clarke, Winston Press

TRAINING FOR

SMALL GROUP FACILITATION SKILLS

Steps:

1. Have participants write responses to Communication Skills (Listening) (Activity 1)
2. After participants have completed Step 1, go over Ways to Respond, (Activity 2). Emphasize that numbers 13-17 are skills that facilitate communication.
3. Have each person analyze their responding style from Activity 1 and 2.
4. As a group, review the sentences in Communication Skills (Listening - Activity 1), demonstrating reflective and active listening responses. (numbers 16 and 17 in Activity 2)
5. Discuss Guidelines for Reflective Listening as a group. (Activity 3)
6. Look over "Communication Skills, Use of the "I" Message, (Activity 4) with participants.
7. Discuss and do as a group actitivity, "Communciation Skills, Use of the "I" Message. (Activity 5)
8. Pass out information and tips for group facilitators. Go over activity and model some situations. (Activity 6)
9. Leader should read "Parenting the Handicapped Child" to entire group as preparation for a small group process activity. (Activity 7)
10. Pick eight people from audience to demonstrate group process.

    "Fish Bowl Technique" - choose a leader and have the group discuss "Parenting a Handicapped Child",utilizing group facilitation skills.
11. Have group outside of "fishbowl" evaluate the group process with Checklist for Group Facilitation Skills. (Activity 8)

COMMUNICATION SKILLS
(Listening)

Write your response to the following:

1. "My child takes so much time to feed, bathe, exercise--I don't really have time for myself."
2. "I try to ignore Susan's "no", but usually I end up spanking her. "I know that's wrong."
3. "My stomach is in knots. I couldn't eat dinner today."
4. "My sister and brother-in-law refuse of talk about our son, Gary, who is Down's." They pretend nothing is wrong. I want them to accept Gary as he is."
5. "The doctor kept saying Jennie would eventually talk. At age 3, I took her to a speech clinic and she was hard of hearing. I really blame the doctor that we didn't get treatment earlier."
6. "My husband has not yet accepted John's handicap. I asked him to come tonight, but he said he didn't want to meet other parents whose children were so different, since John was almost average."
7. "I wonder if we should have another baby? Sometimes I think I can handle it and sometimes I think "no way".
8. "Is there Day Care for the handicapped? I really need to know where to go? Do you know of a center that will accept special children?"
9. "I don't understand why my child isn't eligible for the Regional Center. I need respite care badly--it seems the problem of having a special child is always with me wherever I go."
10. "We have childproofed the house and provided stimulating toys for Jim. He is starting to pull himself toward colorful ball. It works!!

WAYS TO RESPOND

One through five are solution messages--you are taking all responsibility away from the other person and putting him/her under someone else's control.

1. Ordering, directing, commanding
   Telling the other person to do something
   Giving an order or a command

2. Warning, admonishing, threatening
   Telling the other person what consequences will occur if one does something

3. Moralizing, preaching, shoulds and oughts
   Telling the other person how to solve the problem

4. Advising, giving suggestions or solutions
   Telling the other person how to solve the problem

5. Teaching, lecturing, giving logical arguments
   Trying to influence the other person with facts, counter arguments, logic information, or your own opinion

Six through twelve directly attack the self-worth and integrity of the other person. Say in effect: "There is something wrong that needs to be fixed."

6. Judging, criticizing, disagreeing, blaming
   Making a negative judgment or evaluation of the other person

7. Praising, agreeing
   Offering a positive evaluation or judgment, agreeing

8. Name calling, labeling, stereotyping
   Making the other person feel foolish--putting one in a category, shaming one

9. Interpreting, analyzing, diagnosing
   Telling the other person what the motives are or analyzing why one is doing or saying something: communicating that you have the person figured out or have the person diagnosed

10. Reassuring, sympathizing, consoling, supporting
    Trying to make the other person feel better, talking him/her out of the feelings, trying to make feelings go away, denying the strength of the feelings

11. Probing, questioning, interrogating
    Trying to find reasons, motives, causes, searching for more information to help you solve the problem

12. Withdrawal, distracting, sarcasim, humor, diverting, indirection
    Minimizing or denying the importance of the other person's feeling needs

Thirteen (13) to seventeen (17) are facilitation skills. These responses are considered helpful and supportive and encourage the person to continue to speak.

13. Silence
    Passive listening with accompanying behaviors (eye contact, posture) that communicate interest and concern

14. Noncommittal acknowledgement
    Brief expressions that communicate understanding, acceptance and empathy, "Oh," "I see," "Really," "Interesting," "You did"

15. Door openers
    Invitation to expand or continue the expressions
    "Tell me about it."
    "I'd like to hear your thinking."
    "I'd be interested in what you have to say."

16. Reflective, feedback, mirroring
    Receives, restates, or mirrors back senders message--no more, no less

17. Active listening
    Help the sender to understand both the thoughts and feelings of the communication
    "You sound worried about the test."
    "You are not pleased with your part of the report."
    "You're confused about what to do next."

ACTIVITY 3

GUIDELINES FOR REFLECTIVE LISTENING

Problem Ownership	Reflection of Feeling	Description of Fact
YOU SEEM	PERPLEXED	ABOUT THE DOCTOR'S DIAGNOSIS

"You think"
"You want"
"You wish"
"You feel" (try not to use)

An accurate use of Reflective Listening skills will take a person to the heart of the problem. One defines and redefines, the problem becomes clearer, feelings are dissipated, and solutions begin to form in the person's mind.

There is a place in Reflective Listening for the listener's experience and input. However, this is best when the problem has been thoroughly aired and the listener is in some way asked for. The listener would inquire about solutions the other party is considering before bringing in one's own.

Here are some guidelines which may be helpful to you as you learn to do Reflective Listening. In Reflective Listening:

Say the same thing in a different way, with different words, or reflect how you perceive the person to be feeling.

Stick with where the person is. Don't lag behind, or go further than one has already suggested.

Speak with the same feeling the person has; feel it with him/her. Empathize. Use Reflective Listening only when you can feel accepting of the other person.

Use Reflective Listening when:

The other person:

talks about or expresses feelings (sometimes nonverbally) positive and negative

has a problem

is sharing ideas which are important to him

or when you:

are unsure what the other person means

think you understand and want to check it out

want to "share" or be with the other person

When you listen, you are saying to the other person:

"You are important. I want to understand you."

USE OF THE "I" MESSAGE

We often avoid confronting another person about his/her statement or behavior for fear of damaging the relationship. Such avoidance can result in an accumulation of bad feelings that suddently explode or lead to devious tactics. The goal of "I" messages - is to deal with problem behavior in a manner that will produce volunteered change while maintaining the quality of the relationship.

Effective "I" Messages:

- Preserve the other's self-esteem
- State (communicate, deliver) my feelings, however strong, congruently
- Leave the choice of the solution with the other person
- Require Reflective Listening to deal with the other's emotional reaction

When you share yourself through an "I" Message, you are telling the other person - (My needs are important. I would like you to know me. I will let you know me.)

The ideal "I" Message includes these three elements arranged in any order:

Nonblameful Description of Specific Behavior	Congruent Primary Feelings	Description of the Concrete and Tangible Effects on Me
The other receives a clear idea of what he had done without creating excessive defensiveness.	This is the fuel of the "I" Message. It allows the other to hear and feel the intensity of the concern.	If the other can see the effect of his/her behavior, one is more likely to consider changing.
A specific, rather than a general description, is most effective.	Expressing primary feelings displays the sender's need for the other's help and encourages openness.	This element helps the message avoid the errors of being judgmental, moralistic, or the "It's for your own good" stance.
Blame-loaded words or intonations are to be avoided.	Remember anger is a secondary feeling.	
Example: Spending so much time on this problem	Concerns me	As there are some other activities that we are scheduled to complete.

ACTIVITY 5

COMMUNITY SKILLS

Situations for Using "I" Messages

Discuss and do as a group activity. What would be an effective "I" Message for each situation?

1. A participant is talking about his/her job and the pressure of the job for several minutes, you want to move on to the subject of the night--Behavior Management.

2. Two people are having a side conversation--it distracts you.

3. A mother has opened up about her special child and starts crying. However, she eventually loses control and really starts sobbing and cannot speak.

4. A participant tells another participant that she wouldn't be mad at her special child, hitting the baby. After all, special children don't know any better.

5. A parent's three-year old child is disrupting the group and talking loudly and interrupting. You can tell by the body language others are annoyed.

ACTIVITY 6

INFORMATION AND TIPS FOR GROUP FACILITATORS

Facilitating a group to achieve a fruitful and/or satisfying discussion is a learned skill. Foremost, the facilitator must feel confident in his/her skill to guide the discussion from clear, concise introductory remarks, timely comments and/or questions and finally, in statements of conclusion or statements that express feelings of concensus. The latter phrase is not a rule for every group discussion because often, concerns and problems may not have immediate solutions. Nevertheless, most group members do generate feelings of accomplishment by sharing knowledge and feelings in an intimate group setting.

Below are some approaches that have been found to be helpful to group facilitators.

SETTING THE CLIMATE:

1. It is preferable that members and the facilitator sit in a circle. This arrangement permits each member to see one another.
2. The facilitator should introduce himself/herself and model additional brief comments e.g. how long a parent, what interests one has, etc. Each member should introduce himself/herself in turn adding the modeled brief comment.
3. The facilitator should briefly state the purpose of the small group session and his/her function.
4. The facilitator should be prepared to lead-off though this may not be necessary, if others are willing to initiate the process.

GROUP GROUND RULES:

1. Listen: Look and listen to what each group member has to say just as you would want them to listen to you. Use communication skills (see below) in listening and responding.
2. No putdowns: Don't laugh at or make negative comments about something a member shares.
3. Right to pass: Each member has the right of privacy and can elect not to share.

FACILITATOR AS A ROLE MODEL SHOULD:

1. Be able to respond comfortably to all questions that might be directed to group members.
2. Be prepared to lead off an activity as first speaker. (Facilitator is also a member of the group.)
3. Try to model the ground rules and communication skills throughout the session.

4. Act in an open, supportive manner to set the climate; clarify objectives and expectations.

5. Be patient and positive with impatient and hostile participants.

6. Regard members as being responsible for their own feelings, behaviors, and their consequences.

7. Elicit, guide, and reward contributions from the more positive members.

8. Be aware of own anxiety level.

9. Tolerate silence.

10. Encourage members to use the pronoun "I" when sharing about themselves.

11. Keep an individual participant and the group on the expression of current feelings related to the topic, avoiding the past and future.

12. Reassure each participant verbally that what he or she has said has been understood.

13. Be authentic! Maintain personal character in guiding the group through the process.

COMMUNICATION SKILLS:

Facilitators should feel comfortable with the skills listed below.

1. "I" messages: Consistently respond by saying how "I" feel or react, rather than "everyone," "some people," or "we."

2. Paraphrasing: Use own words to repeat the content of a member's message to see if it was heard correctly.

3. Clarification: Question or paraphrase to deal with the underlying messages--primarily dealing with the feelings expressed, not the content. Example:

   John: "I'm going to visit my aunt this weekend."
   Facilitator: "It sounds as if you're a little excited to see her."
   John: "Yes, I guess I am. She's a lot of fun to be around."

4. Nonverbal communication: Gesture, expression, eye contact, posture, and use of space or physical position in a group are all elements of nonverbal communication.

5. Recognition-Validation: Give frequent and consistent "thank-yous" and validation of what individuals contribute to the group.

ENDING AN ACTIVITY:

Group activity at its close should be evaluated and analyzed in terms of its real-life application. A frequently used term for this procedure is to "process"an activity. To process is to encourage reactions, share feelings, analyze and summarize an activity, and apply results to future activities and "real life" in the "real world." Attention should be paid both to the content of the activity and to the process that took place.

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After the group has processed an activity, facilitators will probably want to reflect on their own role in the group process. These questions may be helpful for a self-analysis.

- How did I feel immediately before, during, and after the group?
- Did I contact the more silent members?
- What were feelings I had that I shared with members?
- When did I get angry? Why? What did I do about it?
- When was I teacher/authoritarian/facilitator/group member?
- What good thing did I do today? What good thing did the group do?

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PARENTING THE HANDICAPPED CHILD

Having a handicapped child can strike at the core of a parent's self esteem. Helen Featherstone (1980) in her book, A Difference in the Family, suggests that the blows to self esteem a parent experiences with the birth of an exceptional child fall into three major categories: "Explaining the Handicap," "Parental Power," and "The Daily Grind."

In the category, "Explaining the Handicap," it is not uncommon for parents to ask "why?" "Was it something I did during pregnancy?" "Am I spending enough time with the baby?" "Maybe I wasn't meant to have children." "Parents relive their pregnancies and search their family trees. If the parent was raised in a critical environment they are likely to be critical of themselves, and a disabled child can "confirm" the worst fears about themselves. In some cultures, a handicapped child is considered a special responsibility for whom parents especially able to recognize and provide for his/her special needs were chosen. For some persons this is a source of comfort and strength. For others, there is isolation until some personal decision about how one is going to resolve the problem is made. The same process affects the parent whose culture shuns the disabled.

What a parent believes about having a handicapped child is a basic ingredient of self esteem. Whether one feels that one was punished, blessed, or that it just happened will affect how that parent lives life and makes the decisions for the handicapped child.

In the category "Parental Power," parents find themselves powerless to change the course of their children's fate which casts doubt over their ability to parent. The "quality of the maternal relationship" is the theme of most popular child development literature. The relationship between the mother and child is said to be the cornerstone of all future learning. Consider then, this experience of a first time mother, Maureen Sage, who wrote in Exceptional Parent magazine, December, 1979, "Everything I read stresses maternal stimulation, so it was easy to assume it was my fault. I shook rattles in front of him for a half hour at a time. He still wouldn't look. I lowered his mobile and bought more crib toys. He still wouldn't reach out. I bought a book on how to play with your baby. Playing with him had been natural until then."

Rose Bromwich, in Working with Parents and Infants, points out that this emphasis on the quality of parent/child relationship has its roots in much theory, but it is an incomplete view. Recent research on maternal responsiveness has forced us to consider the effect of the infant on the mother's behavior. Maternal responsiveness was related to the child's Bayley mental score, the speed of processing information, and to the Scheme development, as well as to language, social and emotional indices of competence." (Bromwich, 1981) "Overall, the function of the child's positive social behavior to the mother (looking, smiling, vocalizing) seems to affect how much time mother and child spend together and how responsive the mother is to the child's stress.

Bromwich (1981) found that an infant or young child initiates approximately 50% of the interactions that occur with adults. To parents who have internalized the parent-as-power point of view, this research should bring a sign of relief. But, it also means parents have to learn to compensate for what is missing in their parent-child relationship. Maureen Sage writes, "Once I realized that the frustration of helping Ryan to crawl stemmed from the lack of progress and feedback I was getting from him, I knew I would have to look for "strokes" in other areas of my life." Parents who grew up in cultures which perceive special children as persons to be protected often find themselves being asked to consider a very different kind of parent-child relationship where concepts of mainstreaming, self help and survival skills, and behavior management are at direct odds with the parenting styles their culture condones. Parents whose culture shuns the disabled are in a similar bind.

All parents feel the burden of being-the-right-kind of parent and for making the right decisions. Middle class anglo women may agonize over which classroom placements is the best, while Mexican-American women might have to decide who to listen to, the school social worker who wants her to enroll her son/daughter in a special education class or her mother-in-law who suggests that a "good mother" would keep her child at home in the safety of his/her family. Parents find themselves having to find solutions to problems that have no perfect solution yet suffer blows to their self esteem, their self confidence because they can't find the perfect solution.

The category, "Daily Grind," states that raising a handicapped child is harder and the rewards are more obscure. The medical appointments and home therapy programs wear down and when progress seem minimal or the child is especially unhappy or distant, parents' self assurance is severely challenged. Many parents of older children with disabilities remember a time they felt stripped of all problem solving ability, all creativity.

The mother of a 6½ year old retarded child and a 2½ year old normal child remembers:

> "Toilet training has been a daily concern for me since my 6½ year old was 2. He still isn't trained and although his school and the doctors think his progress is appropriate to his development level, I still find myself wondering if there isn't something I could do that would make a difference. I didn't realize how this issue had eaten away at my self confidence until my 2½ year old was trained relatively easily. I felt as though I had finally passed a test of my ability to mother."

Some parents have the support of the extended families in managing a challenging situation. For others, family or cultural conflicts add to the burden of the daily grind. Single parents, foster parents, adoptive parents and step-parents often find these conditions-of-parenthood compound the daily grind and can be an ongoing drain on feelings of self esteem or being able to cope.

ACTIVITY 8

CHECKLIST FOR SMALL GROUP FACILITATION SKILLS

Beginning	Circle one:	
1. Seating correct	Yes	No
2. Introduction (all)	Yes	No
3. Purpose stated	Yes	No
4. Ground rules stated	Yes	No

Process

	Place an "X":	
	Not Adequate	Adequate
Communication Skills:		
Listening	____	____
"I" Messages	____	____
Recognition/Validation	____	____
Group Enthusiasm	____	____
Group Acceptance of each member	____	____
Group Support	____	____

Ending

	Circle one:	
Did leader summarize:		
Content	Yes	No
Process	Yes	No
Was next meeting mentioned?	Yes	No

What good things happened in the group? ____

____

What would have made the group more effective? __________________________________

____

EVALUATION PLANNING SHEET

How should the workshop be evaluated?

_____ Questionnaire

_____ Evaluation form

_____ Interview

_____ Telephone survey

_____ Group process

_____ Observation

San Diego City Schools
SPECIAL EDUCATION DEPARTMENT

INSERVICE EVALUATION

Activity ______________________________ Date ________________

How adequately did this workshop meet its objectives/outcomes?

Not at all	Very little	Somewhat	Quite a bit	Very much

Will you be able to apply anything you learned today?

Yes	Not sure Too soon to tell	No

Please list any aspects of this workshop that you feel were outstanding: (STRENGTHS)

Please list any aspects of this workshop that you feel need to be improved or eliminated: (WEAKNESSES)

List activities/presentations you would like scheduled in the future:

Overall evaluation of this workshop:

1 Low	2	3	4	5 High

WORKSHOP FOLLOW UP

Person(s) Responsible:

Thank You Notes (Names/Addresses)	Sent
	( )
	( )
	( )
	( )

Bills	Paid
	( )
	( )
	( )

Materials to Participants	Sent
	( )
	( )
	( )

SUGGESTIONS FOR EFFECTIVE WORKSHOPS

1. If you want to include parents of non-handicapped, do not include "special" child in your flyer -- use: *CONNECTIONS*: developing skills for the family of the young child,(ages 0-5)
2. Child Care is a must. Our attendance consistently drops by 50% when child care is not provided. Get a central location.
3. Evening meetings are a must. Use Community College or Adult Education System so professionals can be paid and you can use "free" publicity.
4. Get names, addresses and phone numbers of participants. If they stop coming, call and find out why.
5. PERSONAL CONTACT IS THE KEY.
6. Encourage all family members to attend, including grandparents.
7. Limit parents' presentation to 15 minutes, unless there is a panel. Be sure they present examples of skill/concept being presented.
8. Teachers should attend and present, if possible. Parents enjoy the professionals in small group activity.
9. We had lots of frustrations and tears before success -- Don't Get Discouraged!!
10. Serve coffee and snacks. Ask parents to assist.

IV REFERENCES

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Wentworth, Elise H. *Listen to Your Heart: A Message to Parents of Handicapped Children.* Houghton Mifflin, 1974.

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AUDIOVISUALS

The Art of Parenting. Research Press Co. Filmstrip, color with audio cassette. Teachers parents how to avoid power struggles with their child by using communication techniques which will convey their understanding of the child's feelings.

Beanbag Activities and Coordinated Skills for Early Childhood. Adaptable for Special Education by Georgianna Liccione Stewart. Available from Children's Book and Music Center, 5373 West Pico Blvd., Los Angeles, CA 90019.

Child Behavior - You. Benchmark Films, 145 Scarborough Road, Briarcliff Manor, New York, New York 10510. 16mm color/15 minutes. Uses humorous animation to explore parent-child relationships especially parent attempts to modify child behavior.

Child Development: Program 2, The Toddler. Butterick Publishing, 161 Sixth Avenue, New York, New York 10013. Filmstrip with audio cassette. The film explores developmental stages and describes characteristics of each stage. Addresses the fact that language emerges when needed and useful. Also stresses the need for parents to talk with their children.

Child Development: Program 3, The Preschooler. Butterick Publishing, 161 Sixth Avenue, New York, New York 10013. Filmstrip with audio cassette. Discusses the social-emotional, verbal, and mental development as the child moves away from the home environment and is exposed to the outside world.

Child Development and Child Health: Love and Identity. Parents Magazine, Inc., "The Need for Attention," 52 Vanderbilt Avenue, New York, NY 10017, 1975. A series filmstrip, color with audio cassette. Emphasizes that affection is a requirement for a young child's healthy emotional and psychological growth ($65.00).

Child's Play. McGraw-Hill Films, 110 - 15th Street, Del Car, CA 92014. 16mm color/20mm. Explores the value of play for mental, physical, emotional and social development of a child. Play helps shape personality, create self image, and helps develop problem-solving.

The Child's Point of View. From Understanding Early Childhood, Ages 1-6. Parents Magazine, Inc., 52 Vanderbilt Avenue, New York, NY 10017. Filmstrip with cassette. The film points out that communication is an investment; that a child needs to develop at his own pace--pushing leads to frustration; that it is important to understand the child's point of view as a foundation for communication.

The Child's Relationship with His Family. From the "Understanding Early Childhood Series: Ages 1-6" series. Parents Magazine. Soundstrip includes: "How A Child Sees Himself," "Dependence Versus Independence," "The Parent As A Teacher," "Forcing the Child to Fail," and "Learning from Our Children."

The Child Series: The Child, Part I. Ethan, Allan, Kier. McGraw-Hill Films, 110 - 15th Street, Del Mar, CA 92104. 16mm color, sound, 28 minutes. Gives a close up view of growth and development of these infants from birth to the time they are two months old.

The Child Series: The Child, Part II. McGraw Hill Films, 110 - 15th Street, Del Mar, CA 92104. 16mm color, sound, 28 minutes. Follows three children through fourteen months of their lives showing how they explore, learn and make important discoveries about themselves and their environments.

Christinitas. Footsteps Series. University Press International Publishers in Science Medicine and Education, 233 E. Redwood Street, Baltimore, MD 21202. This television program refers to a family problem-solving situation.

Cognitive Development. McGraw Hill Films. 16mm color, sound, 18 minutes. Uses animation and imaginative special effects to present an overview of Piaget's proposed stages of cognitive development in terms of intellectual competencies.

Concrete Steps. Cocord Films. 16mm, color, 27 minutes. Discusses the importance of language stimulation in the education of developmentally delayed children and how the parents can help.

The Developmental Psychology Today Series: Language Development. McGraw Hill Films, 110 - 15th Street, Del Mar, CA 92014. 16mm, color, 20 minutes. This film notes that children worldwide progress through the same sequence of language stages at the same rate. Through animation it shows how an infant progresses vocally in the first few months.

Discipline: The Long and Short of It. Spare the Rod. Footsteps Series, University Part Press. Video cassette, color. Discipline should meet both present and future needs of children. Children need help controlling their behavior.

Family Balance. Parental skills for parents of handicapped children. A slide/soundstrip dealing with barriers to family balance and how to develop a more honest and open approach.

Genesis. Step Behind Series, Hallmark Films, 5153 New Plant Court, Owings Mills, MD 21117. MPF, color, 25 minutes. Behavior modification techniques are used to teach basic self help skills like eating, toileting and dressing.

How An Infant's Mind Grows. Parents Magazine. Sound strip, 10 minutes. Relates what is known about the physical growth of infants to what is known about their mental growth and development. Available at IMC.

Human Development: First Two and One Half Years Series. Filmstrip 7, Concept Media, P.O. Box 19542, Irvine, CA 92714. Filmstrip, color with audio cassette. Explains the stages and sequences of language acquisition and development: cooing, babbling, syncretic (one word) speech and teligraphic (two word) speech. Also discusses environmental influences on language development.

IEP Team Planning. Charles Merrill E. Publishing Company. Film, 16mm. Tells how parents can help a child at home and explains parents' responsibilities when working with special teachers.

I Love You When You're Good. Footsteps Series, University Park Press. Video cassette, color. In the early years, a child learns about their worth mainly from their parents. A sense of welf-worth helps children to lead productive lives from rewarding relationships with others.

If You Knew April. Footsteps. University Press International Publishers in Science, Medicine and Education, 233 E. Redwood Street, Baltimore, MD 21202.

I'll Dance at Your Wedding. Footsteps. University Press International Publishers in Science, Medicine and Education, 233 E. Redwood Street, Baltimore, MD 21202. Video cassette 3/4", 29 minutes. The mother of a deaf baby doesn't want to take the baby to a wedding. The mother attends the wedding and meets a 14-year-old deaf boy and his parents are shown as supportive.

Individual Education Program. The Foundation for Exceptional Children. Film strip, cassette. Discusses the total IEP process, including parents' rights and responsibilities.

Is Anybody Listening. The Art of Parenting, Research Press Co. Film strip with audio cassette. Teaches parents how to avoid power struggles with their child by using communication techniques which will convey their understanding of the child's feelings.

It's Harder for Patrick. Films Inc., 1144 Wilmette Avenue, Wilmette, IL 60091. 16mm color film, seven minutes. A portrait of how a retarded child and his family cope through love and understanding. Patrick's older brother and sister share much of the responsibility for Patrick and talk about their feelings.

Neighbors and Friends. From "Special Need, A Special Love: Children with Handicaps, Families Who Care". Set 1: Support from the Family; series of 5 filmstrips. Parents Magazine, Inc., 52 Vanderbilt Avenue, New York, NY 10017. Filmstrip with audio cassette. Stresses the importance of community acceptance and support, allowing the handicapped child to live as normal a life as possible.

Normalization for Parents. 17 minute video tape by Sally Troy. Available at San Diego Regional Center film department. Deals with benefit of parent support groups.

Parents and Children: Behavioral Principles for Parents. Research Press, 2612 No. Mattis, Box 3177, Champaign, IL 61820. 16mm film, 20 minutes. Demonstrates the teaching of children through the proper use of rewards. Teaches parents to increase positive interaction with their children.

Preparing for the IEP Meeting: A Workshop for Parents. CEC Publications. Filmstrip. Total parent program on IEPs: to understand the purpose of the written IEP; to know what an IEP meeting is; to know who should attend the IEP meeting and what roles they play; and to know what must be included in the IEP.

Queen for A Day. Footsteps Series. University Park Press International Publishers in Science, Medicine, and Education, 233 E. Redwood Street, Baltimore, MD 21202. Refers to a handicapped child developing self esteem.

The Scratching Pole. Footsteps Series. University Park Press, Baltimore, MD. Videotape, 28 minutes. Introduces the concepts of developmental tasks and teaching tasks that will be used during a lifetime. Learning how to understand the behavior of children.

The Secret of Little Ned. "Listening to Children: Children Should Be Seen and Not Heard". Footsteps Series. University Park Press. Video cassette, color. Points out that talking is just half the process of communication; listening is the other half. Listening is one of the best ways for parents to know their children and is a way to show they care. Available at SEPF office.

Sharing the Experience with Gavin. Stanfield House, P.O. Box 3208, Santa Monica, 16mm color, 28 minutes. The birth of a handicapped child results in the hospital and community working closely together with parents and grandparents to give Gavin the best possible start in life. Available at Regional Center.

Special Needs, A Special Love: Children with Handicaps, Families Who Care. Set 1: Support from the Family. Parent's Magazine, 1976. Filmstrip, audio cassette. Discusses the attitudes of the extended family and the importance of their support to the parents of the handicapped child.

Step Behind Series. Hallmark Films. Color, 25 minutes. Shows behavior modification techniques used to teach such basic self-help skills as eating, toileting, and dressing.

Stress: Parents with A Handicapped Child. Films Inc., 1144 Wilmette Avenue, Wilmette, IL 60091. 16mm, black and white, sound, 28 minutes. Portrays the home life of five families with handicapped children. Addresses such problems as stress on husband-wife relationship, housing sifficulties, neglect of other children in family, fear for handicapped child's future after parents' death.

There Comes A Time. Footsteps Series, University Park Press, International Publishers in Science, Medicine, and Education, 233 E. Redwood Street, Baltimore, MD.

Tightrope. Footsteps Series. University Park Press. Video cassette, 20 minutes. Shows the need for setting limits, but also allowing freedom to explore.

True Blue: Play and Fantasy - The Child's Building Blocks. University Park Press. Video cassette, color. Play is vital to the total child development. Play between parent and child is a relaxed and easy way to learn about a child's interests, worries and skills.

Understanding Early Childhood: Ages 1-6. Parents Magazine. Sound strips include: "The Importance of Play," "Play and Learning About Oneself," "Play and Learning About the World," "Play and Parent and Child Relations," "Play and Peer Relations." Play is important to developing emotional and intellectual growth. Play is essential to health development of self-expression; makes world more familiar and reduces fears of anger, frustration and how others feel.

War and Peace: A Discussion Guide (Part III). Footsteps Series, University Park Press, International Publisher in Science, Medicine, and Education, 233 E. Redwood Street, Baltimore, MD.

What Color Is the Wind? Allen Grant Productions. Film, 16mm, color, 27 minutes. A story of twin boys -- one blind, one sighted -- and the determination of their parents to treat them equally in the face of societal pressures.